

Covert Action

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The CIA and Drugs



**AIDS Protester
Arrested in Washington**

Editorial

It is clearly appropriate, once again, to underscore the enormity of the CIA's sordid role in the world of drug trafficking. As we show in this issue, the CIA has been, from its inception, a major source of opium, heroin, and now crack. Revelations that the planes which fly weapons to the anti-Sandinista *contras* in Honduras and Costa Rica return filled with drugs, may—if they are allowed to be fully explored—yet shock the conscience of an American people numbed by a decade of equally incredible revelations.

CAIB has also learned that the CIA is receiving assistance in its Central American drug operations from an old ally, the mafia, which, after all, has been in the business since before the CIA existed. We hope to have this report in our next issue.

Getting the information to the public may not be easy, as a recent *Village Voice* report details. Efforts by the office of the U.S. Attorney in Miami and by the staff of Senator John Kerry (Dem.-Mass.) to probe *contra* drug running have been continually stymied by an administration, and its congressional backers, desperate to avoid the tarnish such investigations will give to the image of their "freedom fighters."

Indeed, the efforts to discredit Sen. Kerry are monumental, ranging from a back-stabbing committee staff member to unlawful interference with grand juries to disinformation campaigns in the media. Pressure on the TV networks has led to orders to correspondents not to cover the work of Kerry's subcommittee, and one, which ran the first of a three-part series on *contra* drug smuggling, abruptly canceled the other parts and fired its researcher. The cover-up is extensive.

Drug Testing, CBW, and AIDS

The CIA does not just run drugs; it tests them on people as well. In this issue we review some of the more notorious aspects of such programs, including an update on the history of U.S. involvement in chemical-biological warfare research and development.

It is that work which leads to the special section of this issue (to be continued in the next), on AIDS. A number of researchers have raised the possibility that this dread epidemic is the result, either intended or accidental, of such CBW work. Because we believe that the AIDS crisis is of profound importance, we are publishing this material which reviews all of the theories under consideration. There is no smoking gun here; indeed the "experts" cannot agree on what *causes* AIDS, much less on how it works. But the evidence is very strong that nature alone is not responsible.

Last Issue

It was pure coincidence that our last issue, on the Religious Right, hit the stands as the Jim and Tammy Bakker scandal broke. What is deliberate, however, is the way the media's coverage of the exposés concentrated on sexual and financial shenanigans alone, virtually ignoring the deep ties of the religious ideologues to the *contras* and the Oliver North supply network, to prominent U.S. government officials, and to extreme rightwing groups around the world. ●

Table of Contents

Editorial	2	Drugs, Politics, and Disinformation	
Running Drugs and Secret Wars		By Richard Hatch	23
By David Truong D.H.	3	Lest We Forget	
The Australian Heroin Connection		By Louis Wolf	28
By Jerry Meldon	6	Mind Control in Canada	
Nugan Hand Drug Clients		By Ken Lawrence	29
By Henrik Krüger	9	Chemical-Biological Warfare	
Afghan Rebels and Drugs		By Robert Lederer	33
By William Vornberger	11	The Origin and Spread of AIDS	
The Cocaine Connection		By Robert Lederer	43
By Vince Bielski and Dennis Bernstein	13	Is AIDS Non-Infectious?	
Who Deals Drugs?		By Nathaniel S. Lehrman	55
By Roman Berger	17	Deltagate	
Doc-u-drama	19	By Ellen Ray and William Schaap	68

Cover: Veteran and gay activist Leonard Matlovich, who has AIDS, being arrested at Washington rally by rubber-gloved police officer, June 1, 1987. Credit: José R. Lopez, *New York Times*.

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Running Drugs and Secret Wars

By David Truong D.H.*

World War II had barely ended when major western powers scrambled to reassert control over their former colonies. Asia was one region where France, England, and the U.S. reached understanding about their respective spheres of influence. In September 1945, France sought to reestablish her rule over Indochina and other former colonies where she had been unceremoniously humiliated by the Axis powers. With British assistance, and strengthened by Truman's policy against independence movements in Indochina, the French returned to Indochina to begin their disastrous nine-year war against the Viet Minh, Vietnam's burgeoning independence movement.

In exchange for French support of America's Marshall Plan and anticommunist operations throughout Europe, the United States contributed to France's reconquest of Indochina. By the time of the French defeat at Dien Bien Phu in 1954, the U.S. had spent \$3.5 billion, or seventy-five percent of French war costs in Indochina. Nevertheless, throughout the war, the French found themselves short of funds to finance their covert operations against the Viet Minh. Thus in 1951, the French intelligence service, SDECE (*Service de Documentation Extérieure et du Contre-Espionage*), and its covert operations branch, *Service d'Action*, took over the enormous opium trade in French Indochina.¹

Known as the "Opium Monopoly," the opium trade was first established by the French in the 1880s to finance their colonial rule over Indochina.² *Service d'Action* had dubbed its opium-financed secret war "Operation X."³ The operation involved French-trained commandos made up of Hmong and other tribesmen to be sent into action against Viet Minh strongholds and a distribution network of French-sponsored local pirates who ran hundreds of opium dens throughout Vietnam and Laos. Operation X included a supporting cast of Corsican underworld characters and their small airline, "Air Opium," shuttling drug cargos between Laos and Vietnam. The Corsicans had links with their equally enterprising colleagues in France. In post-war metropolitan France the CIA had made its own alliance with the Corsican underworld in its program to neutralize the influence of French Communist trade unions.⁴

During the same period, in neighboring Thailand, the U.S. had established a major presence. U.S. intelligence activities in Thailand were part of a broad covert program, sanctioned by the Joint Chiefs of Staff and the Truman White House, against the newly established Chinese Communist government. Since 1948, the Office for Policy Coordination under the late Frank Wisner, driven by Cold War fever, had initiated a number of covert operations in Europe and laid the ground for more anti-communist operations in Asia.

Civil Air Transport (CAT), American intelligence's first proprietary airline in the Far East, flew clandestine missions and drops for the OPC and later for the CIA throughout Indochina, Thailand, Burma and southern and eastern China. In early February 1951, the CIA initiated Operation PAPER, the first major paramilitary operation in that part of Southeast Asia. It involved the invasion of Yunnan province, southern China, by some 4,000 Kuomintang troops based in Mong Hsat, Burma.⁵ KMT General Li Mi's troops met defeat and were driven back to Burma; with continued CIA assistance, the KMT again tried twice to invade Yunnan province before retrenching itself in the territory of the Shan States in Burma.⁶

In the decades that followed, Thailand became the launching pad for the multitude of U.S. covert operations against China. Throughout the 1960s and early 1970s, as the U.S. increased its role in Laos and South Vietnam, the Agency developed its Thai-based covert, paramilitary programs against Indochina and the rest of Southeast Asia.

This theater of clandestine operations was also a major opium growing region, stretching from southern Yunnan to neighboring Burma's Shan states, northern Thailand, and northern Laos. It was commonly known as the "Golden Triangle" to opium and heroin traffickers, and was the source of 70 percent of the world's opium production in the early 1970s. Today, the Golden Triangle still produces at least 90 tons per year of heroin destined for the American market.⁷

The CIA-backed KMT troops settled in Burma after World War II and controlled the opium traffic for buyers in northern Thailand and Bangkok. From 1948 on, American intelligence activities in the Golden Triangle were intertwined with the opium trade. Infiltration routes for CIA commando teams into southern China were also used as drug smuggling routes for traffickers in Burma and Thailand. Local Shan tribesmen provided the guides to both the Agency's teams and opium caravans near the Burma-Chinese border. And the Agency had maintained five secret training camps and two key listening posts in the Shan states protected by its drug smuggling KMT troops and local tribesmen.⁸

Thailand was of course a major opium marketplace at the tip of the Golden Triangle. The military cliques of strongmen which ruled the country, beginning with General Phao Siyanon in 1947, also controlled the Thai National Police Department (TNPD) which was the largest opium traffic syndicate in the country. These "strongmen" grew immensely wealthy from their drug monopoly and from ties to the CIA.⁹ Much of this drug smuggling network remains very active today, and has

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1. Alfred McCoy, *The Politics of Heroin in Southeast Asia* (New York: Harper & Row, 1972), pp. 92-109.

2. *Ibid.*, pp. 73-75.

3. *Ibid.*, pp. 99-100.

4. *Ibid.*, pp. 37-47.

5. William M. Leary, *Perilous Missions: Civil Air Transport and CIA Covert Operations in Asia* (University, Ala.: University of Alabama Press, 1984), p. 129.

6. *Ibid.*, p. 131.

7. *U.S. News and World Report*, May 4, 1987, p. 33.

8. McCoy, *op. cit.*, n. 1, pp. 306-8.

9. Thomas Lobe, *United States Security Policy and Aid to the Thailand Police*, University of Denver Graduate School of International Studies: Monograph Series in World Affairs, Vol. 14, No. 2 (Denver: University of Denver, Colorado Seminary, 1977), p. 20.



deep roots in Thailand's military and paramilitary circles.

The Agency's role was much more pervasive than that of the French *Service d'Action* in Vietnam. The CIA founded and trained General Phao's paramilitary police force, and equipped it with artillery, tanks, and helicopters. The police force not only protected Thai borders but also conducted commando missions into Indochina, Burma, and China. U.S. paramilitary specialists, either retired military personnel or detailed from other departments, were brought to Bangkok to train this new Border Patrol Police (BPP).

To manage the training and equipping of the BPP, the CIA had asked a retired OSS China hand, the late Paul Helliwell, to form a cover organization out of Miami. The Overseas Southeast Asia Supply Company, or Sea Supply, had the sole contract with Thailand for services to the BPP.¹⁰ Helliwell, also Thailand's Consul in Miami during the early 1950s, was one of the CIA's specialists on forming front companies and laundering funds for "black" operations in the Caribbean in support of the Agency's secret war against Cuba,¹¹ especially in preparation for the 1961 Bay of Pigs invasion. The Agency's primary airline, CAT, renamed Air America in the late 1960s, flew military equipment from CIA depots in Okinawa to Bangkok for Sea Supply.¹² Within the Thailand-Burma theater, CAT flights carried weapons, paramilitary personnel, and opium for the Thai strongmen as well.

By 1950, the CIA had created its own "Operation X" in neighboring Thailand, larger and much more efficient than that of the French SDECE. The historical roots of today's secret supply network for the *contras* in Central America lie with the CIA's paramilitary programs with the KMT and the BPP in Southeast Asia. These covert operations provided the Agency with considerable experience in the management of secret wars and drug running.

The CIA's clandestine war against the Pathet Lao, which involved at least fifty thousand Thai and Hmong mercenaries, and some KMT troops, remains the largest in Agency history. Air America had a fleet of several hundred of all kinds of aircraft from 1968 on, operating out of six bases throughout Thailand and Long Tieng, the Agency's operational headquarters in northern Laos. Long Tieng was the main base of the Hmong commanding general, Vang Pao, and the site of his main heroin lab for the entire Golden Triangle region. In the late 1960s, the Agency even assisted Vang Pao in his purchase of Air America aircraft to form his own airline, Xieng

10. *Ibid.*, p. 23.

11. Penny Lernoux, *In Banks We Trust* (Garden City, N.Y.: Anchor Press/Doubleday, 1984), pp. 80-83.

12. Leary, *op. cit.*, n. 5, p. 129.

Khouang Air Transport (XKAT). The airline flew cargos of opium and heroin between Long Tieng and Vientiane.¹³ The Hmong mercenaries' heroin production went mostly to Laos's prime drug king and merchant, General Ouane Rattikone, commander of the Laotian Air Force.

It was during this period, between 1966 and 1969, that several key players in the current weapons supply network to the *contras* developed their skills in drug running and secret war management. Theodore Shackley was CIA station chief in



Theodore G. Shackley.

Laos from 1966 to 1969 and the *de facto* chief of staff for the Agency's secret war. Shackley later did a tour in South Vietnam where he managed Operation Phoenix, the "pacification" program against the Vietnamese. Tom Clines worked under him in Laos, managing ground support activities for the



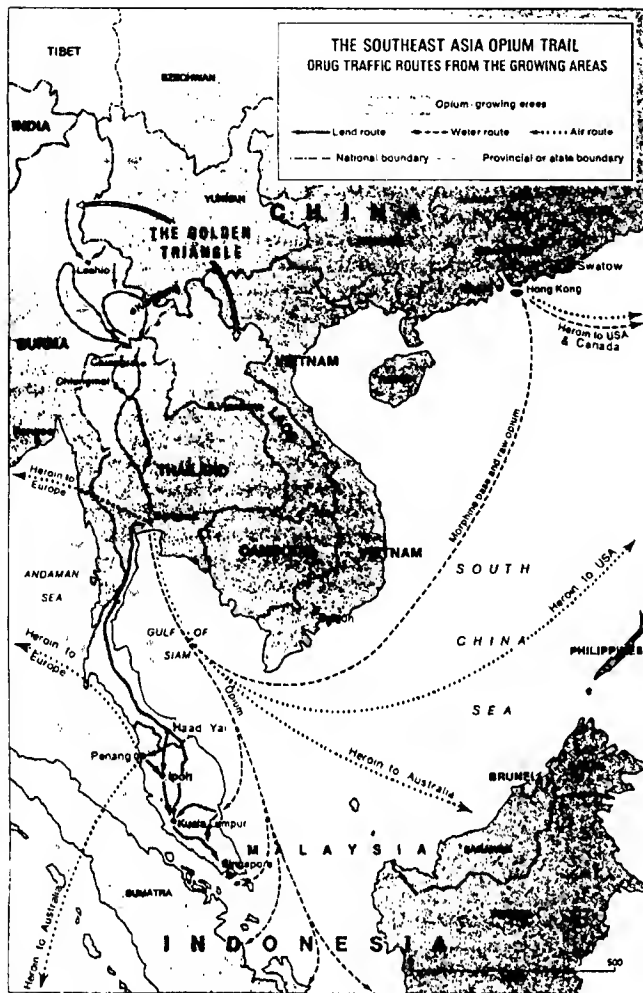
Thomas G. Clines.

war. Richard Secord, then a lieutenant colonel detailed to the Agency, was handling air support which included Air America and other minor CIA proprietary airlines. Secord stayed on in Thailand in the early 1970s to manage operations by U.S. Special Forces and Hmong troops in Laos.

Together with Robert "Red" Jantzen, the Agency's station chief in Thailand (1958-1969) and the infamous Edwin Wilson, Shackley, Clines and Secord were cited in the late 1970s in the scandal of the collapse of the Nugan Hand Bank in Australia.¹⁴ The bank was found to be heavily involved in drug trafficking between Thailand and Australia, as well as

13. Christopher Robbins, *Air America: The Story of the CIA's Secret Airlines* (New York: Putnam's, 1979), p. 237.

14. Commonwealth-New South Wales Joint Task Force on Drug Trafficking Report, Vol. 4, *Nugan Hand (Part II)* (Sydney: Government Printing Office, 1983).



"The Southeast Asia Opium Trail." Credit: *International Heroin Traffic.*

money laundering and weapons deals in southern Africa and Asia.

The revelations about the operational structure of the supply network for the *contras* shows that U.S. involvement in drug running and secret wars remains the same. The techniques of clandestine warfare also remain unchanged. A number of Cuban-Americans who had worked under Clines and Shackley in the Agency's covert war against Cuba during the 1960s provided field management for the Nicaraguan *contra* supply network. It is not surprising under these circumstances that the *contras* would make drug running an integral part of this secret war in Central America. However, past congressional committees investigating the drug running facet of the Agency's secret wars in Southeast Asia chose to clear the CIA from drug trafficking wrongdoing,¹⁵ even though documentation collected by the U.S. Bureau of Narcotics was ample. Will the Iran/*contra* hearings also choose to gloss over the integral drug part of the *contra* supply network?

15. Final Report of the Select Committee to Study Governmental Operations With Respect to Intelligence Activities, U.S. Senate, April 26, 1976, *Book I: Foreign and Military Intelligence* (Washington: Government Printing Office, 1976).

In the fall of 1972, the CIA was under pressure to prove that it was not involved in opium and heroin smuggling for the Hmong mercenaries and drug dealing generals in Indochina. Ironically, it was allowed to investigate itself by way of its own Inspector General. Then Air America and Continental Air Services flew DEA agents, on contract, throughout Thailand and Southeast Asia in search of the facts,¹⁶ and all parties came back satisfied.

The current Iran/*contra* hearings have revealed the participation of the DEA in a fanciful operation under Oliver North's supervision to search for American hostages in Lebanon.¹⁷ It was a covert operation where no narcotics were involved. On the other hand, there seems to be no involvement or investigation by DEA agents of drug running activities by the *contras*, even though many participants in the *contra* supply network were fully aware of it. The question which remains to be answered is: Will the investigating committees again decide to whitewash this latest episode of CIA drug running to fund its illegal secret wars? ●

16. Robbins, *op. cit.*, n. 13, pp. 239-40.

17. See "Doc-u-drama," in this issue.



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One Man's Story:

The Australian Heroin Connection

By Jerry Meldon*

In 1975, Brooklyn-born Edward Hunter decided to relocate his family and his quarter-of-a-million dollar Asian art collection from Bangkok to Hawaii. The decision to move his business was partially based on encouragement from his neighbor, Coby Black, and her husband, retired Army General Ed Black. Two years later, Gen. Black would also move to Hawaii and become president of a Nugan Hand Bank affiliate there.

Hunter knew nothing then about the Australian-based Nugan Hand Bank. He was unaware that Nugan Hand's vice-chairman, ex-Green Beret Michael Hand, would in 1975 arrange a 500-pound heroin shipment from Southeast Asia's Golden Triangle to the U.S. by way of Australia.¹ Nor did he know about a November 1977 Australian Narcotics Bureau report that would link Nugan Hand to a drug smuggling network that "exported some \$3 billion [Aust.] worth of heroin from Bangkok prior to June 1976."²

Therefore, Ed Hunter felt only shock and dismay in May, 1976, when the last of his goods arrived in Honolulu, via Australia. That January, three large containers had come from Bangkok, but when they were opened, important ceramic pieces were missing, and some were damaged. Then four months later, an unexpected fourth container appeared. When a curious Customs inspector opened it and discovered not only Hunter's remaining goods—more damaged—but also a large amount of low-grade lumber, taking up space and weight, both were alarmed. It was very likely, Hunter later came to realize, that the weight and space occupied by the lumber had been taken up by heroin on the first leg of the journey, from Thailand to Australia, where the heroin was removed and the lumber added.

His art was temporarily confiscated by U.S. Customs and he returned to Bangkok in search of both an explanation and compensation for the mishandling of his shipment.

The more questions he asked, the more he was treated as a troublemaker. Job opportunities vanished and then threats were voiced. Lawyers deserted him. One lawyer deserted Bangkok altogether.

Eventually Hunter began to wonder whether he had been the casualty of a criminal operation that used his packing crates to transship heroin from Thailand to Australia. Like everyone in Bangkok, he had heard of big drug deals linking the Thai capital with Australia and the U.S. As Hunter looked for answers and tried to patch up his life, he noted scattered news items on the drug-linked Nugan Hand Bank, and learned of its Thai offices in Bangkok and Chiang Mai, in the heart of the opium-producing Golden Triangle.

Untangling the Web

In January 1980, bank chairman Frank Nugan was found shot to death in his Mercedes, 100 miles from Sydney. The ensuing Nugan Hand Bank collapse and subsequent investigations evoked a rash of press reports about drug money laundering, government cover-ups and U.S. military and intelligence connections—Hunter's old neighbor, Gen. Black, among them.

Later, one particular Nugan Hand client Edwin Wilson, made headlines along with his former CIA superiors turned business partners, Theodore Shackley and Thomas Clines. The three had used the bank to channel funds for covert operations, including the destabilization of the Australian government in 1975.³ Wilson was then caretaker of corporate fronts for Task Force 157 of the U.S. Office of Naval Intelligence.⁴

Now, because the "Secret Team" led by Shackley, Clines, and Richard Secord has assumed center stage in the Iran/contra affair, allegations have resurfaced about their Nugan Hand connections and drug smuggling.⁵

Army veteran, former seaman, and a resident of Bangkok for nearly a decade, Ed Hunter had forged a comfortable living as impresario and night club manager. In 1974, the year he married a Thai woman, he temporarily left Bangkok to become worldwide marketing director for a Singapore-based cruise ship. While preparing to leave, he received what would turn out to be a very important phone call.

The caller identified himself as John Ridley, a cultural attaché at Bangkok's Australian Embassy. Ridley said he was seeking advice on the purchase of Thai ceramics and had heard that Hunter was an expert.

When he showed up at Ridley's home, the purported foreign service officer said he had also heard that Hunter was looking for a shipping company. Hunter was in need of one to store his goods while in Singapore but he was startled by Ridley's being privy to this, since it had been discussed only once with a friend.

Ridley enthusiastically recommended a company called Transpo. It was, he assured Hunter, the shipping agency of choice at his embassy. Only later, after hiring Transpo both for storage and his fateful shipment to Hawaii, was Hunter informed by a General Services Administration representative at the U.S. Embassy in Bangkok, that Transpo was a questionable outfit. And only later did Hunter learn that John Ridley was an Australian intelligence officer.

Thus, when he left Singapore in 1975, having decided to take his chances as an art dealer in Honolulu—largely on the

* Jerry Meldon is associate professor of chemical engineering at Tufts University, and a frequent contributor to the *Boston Globe*.

1. *Commonwealth-New South Wales Joint Task Force on Drug Trafficking Report*, Vol 4: Nugan Hand (Part II), March 1983.

2. Greg Earl, "Nugan linked to heroin racket," *Sunday Pictorial* (Australia), March 26, 1982.

3. Philip Frazer, "Dirty Tricks Down Under," *Mother Jones*, February-March 1984.

4. Nancy Feinstein and Christopher Simpson, "The spies who are out in the cold," *Inquiry*, November 23, 1981.

5. Peter Dale Scott, "The secret team behind contragate," *The Nation*, January 31, 1987.

two-year old advice of General Ed Black's wife—Hunter hired Transpo to ship his containers.

After months of anxious waiting, the surprise appearance of a fourth container and the embarrassing encounter with U.S. Customs, Hunter returned to Bangkok in mid-1976 looking for answers from Transpo. The day he posted a letter to Transpo demanding action, his lawyer, Harvey Levy, vanished from Bangkok. Months later he resurfaced in Hong Kong.

Until his disappearance, Levy had managed the Bangkok office of William Quasha's law firm, which was in the same building as a branch of the Nugan Hand Bank. The head of the firm, William Quasha, had been the attorney for General Leroy Manor when the former chief of staff of the U.S. Pacific command was employed at the Manila office of the Nugan Hand Bank.⁶

Following Levy's flight, Hunter went through a succession of lawyers whose initial interest generally ceased abruptly upon looking into Transpo. An exception was David Lyman. However, Lyman too bowed out after ultimately informing Hunter that he was in fact representing Transpo.

The years 1977-1978 were marked by legal and financial setbacks for Hunter, and he was divorced. He became increasingly consumed by pursuit of a fair shake from Transpo, and the firm's matching refusal to comply. Frequently he voiced the hypothesis that Transpo was in cahoots with Nugan Hand, Edwin Wilson, or both, but no one seemed to care.

He tried repeatedly to start life anew, in Bangkok and the United States. In Thailand not only were old avenues of employment sealed off but he found his phone tapped, and he was harassed by Thai security forces. He sought assistance at numerous embassies and with the International Red Cross until finally, in late 1984, the U.S. Embassy in Bangkok flew him to the West Coast as a returning indigent. Having settled upon San Francisco as his destination, he was surprised when the person there to meet him, told him that he was to go on to New York.

After protesting, he was made to suffer the indignity of admission to the psychiatric ward of a hospital near San Francisco airport. Its administrator, Dr. Newman, warned, "I know these people. I've worked with the CIA. You're never going to win." From that point on, Hunter determined to discover what had happened to his antique ceramics, and what role Nugan Hand played in it.

Hand's History

Michael Hand was a Green Beret who worked for the CIA in Laos in the mid-1960s. He was also one of the founders of the Nugan Hand Bank. After leaving the Green Berets, he traveled to Australia and began selling Australian land to American servicemen. Then in 1970, he and Sydney solicitor Francis Nugan became partners as investment advisers to the same clientele. During this period serious allegations were raised that Hand was trafficking in drugs.⁷

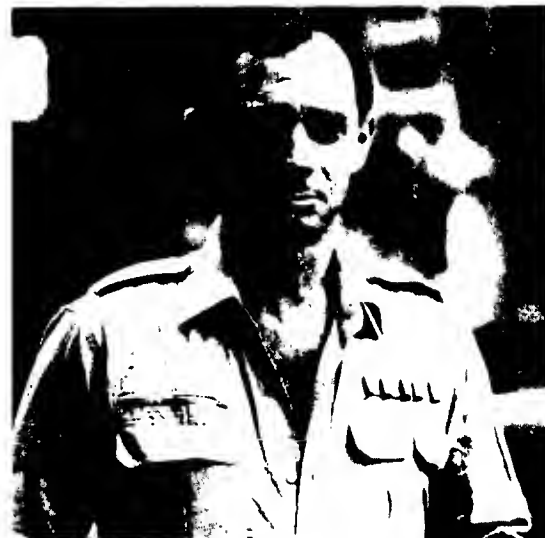
In 1973, the Nugan Hand Bank was chartered. It offered tax-free deposits, the highest interest rates, and secrecy, and its specialty was money laundering, at 22 cents on the dollar.⁸ By 1979 it would have twenty-two branches in thirteen nations and \$1 billion in annual business.

In 1976, a Nugan Hand branch opened in Chiang Mai, Thailand. Branch manager Neil Evans later revealed, "I was never

under any illusion at any time that I was to go over there for any other purpose but to seek drug money." The office, on the same floor as the U.S. Drug Enforcement Administration, closed in July 1977. In that brief period Evans claimed to have secured \$3 million in narcotics money.⁹

By 1973, the Nixon administration's opinion of Australia's Prime Minister E. Gough Whitlam was indistinguishable from its view of Chilean President Salvador Allende. In 1972, Whitlam had formed Australia's first Labor government in 23 years. Soon thereafter, he pulled the last of his country's troops out of Southeast Asia, and his deputy called for a boycott of American exports following the Christmas 1972 bombing of Hanoi.¹⁰ Worse still, Whitlam questioned the legitimacy of the CIA's spy satellite monitoring station at the remote Pine Gap, near Alice Springs, Northern Territory.

Then, in 1975, Whitlam was scandalized by leaks of what purported to be correspondence between one of his Cabinet members and a mysterious Pakistani merchant recruited to bolster the faltering economy by securing Australia loans in the Arab world. The merchant was connected to Edwin Wilson. According to CIA contract agent Joseph Flynn, he, Flynn, had fabricated some of the leaked cables under Wilson's approving eye. His paymaster was Michael Hand of the Nugan Hand Bank.¹¹



Edward Hunter. Credit: Bill Schaap.

One year later, Wilson told the then director of the Office of Naval Intelligence, Admiral Bobby Inman (later deputy director of the CIA), he would use his influence to direct Senate funding his way, if Inman were to direct business Wilson's way. Inman fired Wilson. Theodore Shackley, then CIA deputy director, appealed to Inman on Wilson's behalf.

Wilson continued to broker arms deals, privately. His

9. *Report, op. cit.*, n. 1.

10. James A. Nathan, "Dateline Australia: America's foreign Watergate?" *Foreign Policy*, Winter 1982-83.

11. *Ibid.*: in an unprecedented move, Whitlam was ordered to resign by Governor General John Kerr, representative of the British Crown and former intelligence officer with abundant links to the CIA. For Flynn's role in the overthrow of the Whitlam government, see *Sunday Times* (London), September 7, 1980, p. 1; *National Times of Australia*, November 9-15, 1980, p. 10; and Nancy Grodin, "The Ousting of the Labor Party: 1975," *CAIB*, Number 16 (March 1982), p. 53.

6. *Wall Street Journal*, August 26, 1982.

7. *Report, op. cit.*, n. 1.

8. Penny Lernoux, "Blood Money," *Penthouse*, April 1984.

partners included Thomas Clines, who, like Shackley, would resign from the CIA in the late 1970s during Agency director Stansfield Turner's post-Wilson shakeup. Wilson is currently serving 52 years in federal prison for crimes including the sale of weapons to Libya. Michael Hand disappeared shortly after Frank Nugan's 1980 death.

The Secret Team, Narcotics and the Bank

Allegations raised in a December 1986 affidavit filed in Miami federal court by attorney Daniel Sheehan of the Washington-based Christic Institute,¹² suggest that Nugan Hand was not merely paymaster for CIA "black" operations, but that it was the very conduit through which Shackley, Wilson, Clines, Secord, and company funneled the massive fortune generated by General Vang Pao's heroin pipeline. The money would finance paramilitary operations such as the covert supply of the *contras*. (See "Running Drugs and Secret Wars," by David Truong D.H., in this issue.)

According to Sheehan, whose sources include former intelligence and law enforcement officers, a central figure in the handling of Vang Pao's opium/heroin profits was former naval officer Richard L. Armitage, currently assistant secretary of defense for international security affairs.

From late 1973 (when Nugan Hand was chartered) until the ultimate withdrawal of U.S. forces from Indochina in April 1975, money was allegedly smuggled out of Vietnam "in large suitcases" by Secord and Clines, and deposited in a secret Nugan Hand account in Australia.



Nugan (left) and Hand, whose death and disappearance show the hazards of the laundry profession.

After Vietnam, Armitage went on to Tehran to establish a "secret financial conduit" for covert operations in support of the Shah of Iran. (According to his official Pentagon biography, following the fall of Saigon, Armitage became a Pentagon consultant and served in Tehran on the staff of the U.S. defense representative.¹³)

According to the affidavit, Armitage was also involved in trying to relocate the CIA's Laotian Hmong mercenaries. In 1979, Michael Hand reportedly arranged their resettlement on Turks and Caicos Islands. This led a later Australian commission of inquiry into Nugan Hand to comment that the islands were strategically located along a Caribbean narcotics route. The resettlement project collapsed together with the bank in 1980.¹⁴

12. United States District Court, Southern District of Florida, Case No. 86-1146-CIV-KING, Affidavit of Daniel P. Sheehan, December 12, 1986.

13. Ben Bradlee, Jr. "H. Ross Perot to have asked for probe of U.S. official," *Boston Globe*, January 11, 1987.

14. Report, *op. cit.*, n. 1. There was also an aborted plan to resettle the Hmong mercenaries in Guyana. See *CAIB*, Number 9 (June 1980), p. 24.

While in Thailand, Armitage's official duty as special consultant to the Pentagon was to track down military personnel missing in action (MIAs) in Southeast Asia. He was based at the U.S. Embassy in Bangkok. According to Sheehan's sources, however, Armitage actually functioned as "bursar" to Theodore Shackley's Secret Team, overseeing the transfer of Vang Pao's heroin profits to Tehran and Shackley's Nugan Hand account.

Armitage's illicit activities were reportedly discovered by an alert embassy officer, who triggered a State Department investigation, the exact outcome of which is unclear. In any event, Armitage resigned in 1977. He then opened a private business, the Far East Trading Co., with offices in Bangkok and Washington, D.C. The company, according to the affidavit, was a front for the Secret Team.

Sheehan's charges are supported by Ed Wilson's former business partner, ex-CIA operative Frank Terpil, who remains a fugitive from weapons charges and a 53-year prison sentence. He was interviewed in 1983 by journalist Jim Hougan. Hougan related some of Terpil's comments, which follow:

The significance of Miami is the drug syndicate. That's the base...All the people that I hired to terminate other people, from the Agency, are there. They get involved in this biggest drug scandal going, which is whitewashed. Who is the guy behind the scandal? Clines. Who's the boss of Clines? Shackley. Where do they come from? Laos...Where did the money come from? Nugan Hand. The whole goddamned thing has been moved down there...

Before that, in Asia...the pilot of the plane was Dick Secord, a captain in the Air Force...What was on the plane? Gold! Ten million bucks at a time, in gold. He was going to the Golden Triangle to pay off the warlords, the drug lords...Now what do you do with all the opium?...You reinvest it in your own operations...where?...Thailand... You pay it to Alice Springs. Billions of dollars—not millions—billions of dollars.

The pilot Terpil referred to, lead-off witness Richard Secord, came away from this spring's Iran/*contra* hearings with movie offers, cockier than ever. Following his testimony, he told the *New York Times*, "This is pipsqueak stuff. When I was in Southeast Asia, we used to pay out people in cash and gold bullion. I've been involved in some of the biggest black bag operations of all time. If I wanted to steal money, I could have been a real winner in those days."¹⁵

Secord's cockiness is perhaps explained in part by the scene at Edwin Wilson's Geneva, Switzerland apartment one day in April 1980, three months after Frank Nugan's death. The bank's Saudi Arabian manager, Bernard Houghton, whom Secord had introduced to Shackley and Clines the previous year, had left a travel bag in the apartment. That day in April, Thomas Clines arrived and asked an unidentified witness to see the bag. Clines reportedly removed one document, and said, "We've got to keep Dick's name out of this."¹⁶

Time and the special prosecutor will perhaps reveal whether Secord remains cocky. Hopefully, they will also vindicate one of the losers, Edward Hunter, who for a very long time had smelled rats on the Secret Team.

15. *New York Times*, May 17, 1987.

16. Report, *op. cit.*, n. 1.

Strange Tales of Nugan Hand Drug Clients

By Henrik Krüger*

The narcotics network of Ahmed Yousef Wehbe began in 1974, just after the founding of the Nugan Hand Bank. Over the next nine years, Wehbe's organization smuggled tons of heroin and hashish from Lebanon to Western Europe and on at least one occasion, sent a big shipment to the U.S.¹

According to Swedish and Danish police sources, the Drug Enforcement Agency (DEA) knew about Wehbe's activities throughout all those years, yet, he continued to smuggle drugs and expand his empire.

In 1978, the Swedish narcotics police started to investigate an Armenian heroin organization. The drug dealers worked out of very modest-looking shoemaker shops in Stockholm. Most of the profits from the sale of more than 200 kilos of heroin went through banks in Switzerland to Los Angeles, where some of the leaders of the Armenian organization were living.²

The Swedes discovered that Ahmed Wehbe was the heroin supplier of the so-called "Shoemaker League." Before every shipment, one of the leaders in Los Angeles would go to Europe to meet with Wehbe, each time in a different place outside of Sweden. Within a week after each of these meetings, heroin shipments would reach Stockholm.

The Swedish police could not capture Wehbe, and to their surprise, the DEA was not very cooperative.

Wehbe also sent big shipments of hashish and heroin to Denmark and the Danish police had the same experience with the DEA. The Danes speculated that Wehbe was some kind of "Mr. Untouchable," until finally, according to the Danish daily newspaper *Ekstra Bladet*, they found out that Wehbe had ties to the CIA. In addition, he had connections all over the Middle East, especially in Syria, and he was trading information to the CIA for protection.³

After years of disappointment, the Danish police suddenly received a telegram from the DEA in November 1981. The Americans were now looking for Wehbe, the telegram said, because he had smuggled seven tons of hashish to New York. DEA agents had traced Wehbe to Brussels, where he had made five telephone calls to Denmark. The DEA gave two Copenhagen phone numbers to the Danish police.

For a year the phones were tapped, providing ample information about the international activities of the network. But the DEA asked the Danes to withhold any actions against the Danish branch of the network, and Wehbe's trafficking continued.

In the late summer of 1982, Wehbe sent 22 trucks loaded with hashish from Lebanon to Europe. One of them was seized by the police in Amsterdam on September 9th, and Wehbe's Dutch contact, Arnt Ter Horst, was arrested.

A few days later, British newspapers ran a strange story about the bust. According to unnamed police sources, a huge PLO drug ring had been exposed. Profits had been used to buy weapons, and the man behind it all was a PLO banker, Ahmed Wehbe, whose headquarters were in Copenhagen.

This story was obvious disinformation. Ahmed Wehbe was certainly no PLO banker. He is, in fact, a Christian Phalangist, a former high ranking police officer, married to the daughter of a well-known Lebanese Phalangist politician.⁴ The bank behind him was the Nugan Hand Bank. According to the Australian commission report on Nugan Hand, Wehbe was a client of George Thomas Shaw, who also handled other Lebanese drug clients of the bank, like George Chakiri, George Shamoun, and Dib Khoury.⁵

But there is seldom disinformation without a grain of truth. Wehbe actually did pay the leader of the Muslim Mourabitoun group that once fought side by side with the PLO against the Israelis. However, the money was a payoff so that the Mourabitouns would not attack Wehbe's drug caravans in the Ba'labakk Valley.

Many notable Lebanese Christian Phalangists have been involved in drug trafficking. The Gemayel family's financial wizard, Sami el Khouri, was for many years the brain behind a major drug operation in Lebanon. He controlled the police, customs, two shipping lines, and the Middle Eastern Airlines. Among his protégés was Ahmed Yousef Wehbe.

A U.S. Senate Subcommittee learned in 1955 that Sami el Khouri was Lebanon's most important drug trafficker. In the late 1950s, el Khouri was sent to jail. When he was released in 1963, the U.S. Bureau of Narcotics and Dangerous Drugs suggested that he become an informer. Whether he is, is unknown. In 1966, Sami el Khouri was sentenced to five years in jail.

It is doubtful that he ever served any of that sentence, except maybe in house arrest. In 1970 he had a meeting with Meyer Lansky, the reputed Mafia drug trafficker with ties to the CIA, after which he claimed that he had retired from all business. But in 1978, el Khouri set up a company, NURBEG, in Kuwait. The company got deeply involved in arms trafficking. According to Hans-Georg Behr, Drug Policy Advisor to the Green Party in the West German Bundestag, when U.S. agents bought up old AK-47 rifles from the Egyptian army to supply the Afghan rebels, Sami el Khouri transported the weapons to Karachi. On June 2, 1979, a shipment of 840 kilos of heroin was sent from Pakistan to NURBEG.⁶ Sami el Khouri was still in business.

Ahmed Wehbe somehow managed to continue his drug trafficking until March 17, 1983. On that day Wehbe and his second-in-command, former customs agent Joseph Wadi Farrah, were arrested in Cyprus. They were supervising the loading of 1,150 kilos of hashish onto the Swedish freighter *M.S. Timmerland*. The hashish was destined for Copenhagen.

At the same time, the Danish police arrested six other men in Wehbe's organization. They were indicted on charges of smuggling 2.5 tons of hashish and 1.7 kilos of heroin into Denmark.

But the frustrations were not over for the Danish authorities. When they demanded that Wehbe be extradited to

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1. *Ekstra Bladet* (Copenhagen), May 21, 1983.

2. *Politiken* (Copenhagen), April 12, 1982.

3. *Ekstra Bladet*, May 21, 1983.

4. *Ibid.*

5. *Report of the Commonwealth-New South Wales Joint Task Force on Drug Trafficking*, Vol. 2, p. 379.

6. *Transatlantic* (Munich), February 1980.

Denmark, they ran into serious roadblocks. The Cypriot Supreme Court kept postponing a decision, and Wehbe himself laughed at the Danish narcs sent to question him. "You'll never get me," he said, and gave them the finger. He turned out to be right.⁷

After two years of negotiations and additional postponements, Ahmed Wehbe was suddenly released from jail in April 1985 and returned to Lebanon a free man. To the astonishment of the Danish narcotics police, their own government had dropped the demand for extradition.

Four months later, on August 18th, former Minister of Justice, Ole Espersen, went on television and reported that the demand had been dropped because the Danish ambassador to Lebanon, N.C. Tillish, had received several threats on his life. The threats stated that he would be killed and the Danish Embassy bombed, unless the extradition demand was dropped. It was believed that Ahmed Wehbe's powerful father-in-law was behind the threats, and they were taken very seriously.

But two days later, the Danish daily newspaper, *Ekstra Bladet*, offered a different explanation from a different government source. The paper claimed that the official story was a cover-up. Wehbe's father-in-law had been at the embassy, but only to plead that the charges be dropped. The real explanation was that the Danish government had been under pressure from the CIA for months to drop its demand for Wehbe. The CIA had suddenly found Wehbe useful again because of his connections in troubled Lebanon and other parts of the Middle East. The Danish government gave in and another Nugan Hand client was in business again.

On October 14, 1980, two sports divers found the corpse of a man in 25 feet of water in Eccleston Lake in Great Britain. The head was crushed and both hands were missing because the murderers had tried to make identification impossible. However, they missed one important detail. They overlooked the man's very unusual necklace and within days, the British police identified him as the New Zealander, Martin Johnstone.

Johnstone was yet another drug client of the Nugan Hand Bank. He was a member of the so-called "Mr. Asia Drug Connection," in charge of supplying its British market with heroin by way of Singapore, where he had his headquarters. The Mr. Asia ring was primarily based in Australia and New Zealand, but it shipped large amounts of heroin from the Golden Triangle to various other parts of the world as well.⁸

With the help of Martin Johnstone's woman friend, Julie Hue, British police located and arrested the murderer, New Zealander Andrew Maher, and the man who ordered the murder, Alexander James Sinclair, alias Terrence Clarke: one of the top figures in the Mr. Asia organization.⁹

The organization had been in trouble since Frank Nugan, one of the directors of the Nugan Hand bank, was found shot to death in Sydney, Australia, in January 1980. That intensified the investigation of the bank's involvement in the laundering of drug money, arms smuggling, and its connections to American intelligence and organized crime. Alexander Sinclair had suspected Martin Johnstone was trying to make a deal with the police and decided to shut him up before he had a chance to do so.

Sinclair was sentenced to life imprisonment and brought to Parkhurst Prison on the Isle of Wight. In July 1983, he

suddenly offered a tale about his intelligence connections and how laundered money from drug sales was used to buy weapons for the IRA.¹⁰ But his condition for talking was that his girl friend, lawyer Karen Soich, be allowed to practice law again. She had been banned from the legal profession in Australia after she had been indicted in the British case, although acquitted later.

The Australian Royal Commission investigation of the Nugan Hand Bank called for the extradition of Sinclair, but the British were reluctant. On August 17, 1983, he conveniently died as he was walking to lunch in Parkhurst. It was said that he collapsed, but no official cause of death was offered.¹¹ Sinclair was 39 years old.



Ahmed Yousef Wehbe, April 1985, after his release from prison in Cyprus, the dropping of its extradition request by Denmark, and his return to Lebanon. Credit: *Ekstra Bladet*.

Another figure in the Mr. Asia Connection was a Robert Trimbole, 57. In early 1981, he fled Australia for the U.S. Over the following years he was spotted in Italy, France, and Spain.

On October 26th, 1984, Trimbole was arrested in Ireland. He was hiding under a false identity, and his cover name was like a sick joke. He called himself "Michael Handbury" (Michael Hand, the other director of Nugan Hand, has been missing since 1980).¹²

Trimbole was wanted in Australia for three murders, in addition to drug trafficking. However, the extradition treaty between Australia and Ireland was not signed until the day after Trimbole was arrested.

On February 6, 1985, Robert Trimbole was released from prison and left Ireland for places unknown.¹³

10. *Ibid.*

11. *Ibid.*

12. *Daily Mirror* (London), October 27, 1984.

13. *Politiken*, February 7, 1985.

7. *Ekstra Bladet*, August 8, 1983.

8. *Report, op. cit.*, n. 5.

9. *Guardian* (London), August 21, 1983.

The CIA and Heroin:

Afghan Rebels and Drugs

By William Vornberger

In Afghanistan, the CIA is currently engaged in the second largest covert operation in its forty year history. Only the Agency's "secret" war in Laos was bigger and more expensive. Estimates of U.S. covert aid to the *mujahedin* (Afghan rebels) exceed \$625 million from 1980 to 1986. The U.S. has also asked Egypt, Saudi Arabia, the People's Republic of China, and Pakistan to help arm these *contras*.

With all the money and arms flowing through Karachi the Afghan *contras*, based in Pakistan, still must turn to other means to raise funds for their *jihad* (holy war). They sell their weapons on the open arms market in Peshawar and they smuggle opium and manufacture heroin destined for Europe and the U.S.

The region along the Afghanistan-Pakistan border has long been settled by nomadic tribes, who have historically refused allegiance to any government. There are approximately eight million Pashtu-speaking Pathan tribespeople living there who make up the bulk of the *mujahedin*; most are from the Ghalji tribe.¹ The largest base for the *mujahedin* in Pakistan is in the city of Peshawar, which is also a major center for opium processing.

During the Nixon administration, the CIA, along with the Iranian secret police SAVAK, worked inside Afghanistan, attempting to destabilize the Kabul government,² which for decades had been allied with the Soviet Union. In the early 1970s, the CIA also funded training programs aimed at creating a rebel army capable of overthrowing the government. By 1975, there was a 5,000-person army in Panjsher valley, north of Kabul, trained and armed by the CIA.³ In December 1979, when the collapse of the Hafizullah Amin government seemed imminent, the Soviet Union went into Afghanistan to support its ally.⁴

In the early 1980s, as the *mujahedin* organized their holy war from Pakistan, they looked for possible sources of funding. The Afghan and Iranian governments had drastically reduced the flow of heroin being smuggled through Kabul and Tehran so the Afghanistan-Pakistan border became the likely spot for large-scale drug production.⁵ In July 1980, Mathea Falco, U.S. assistant secretary of state for international narcotics matters, noted:

"In Afghanistan...recent reports indicate that in certain areas opium cultivation is flourishing. Many of the refugees

streaming into Pakistan have brought opium seed with them.... In the hands of groups opposing established regimes, opium often becomes hard currency bartered for weapons, medicines and other necessities."⁶

The "Golden Crescent," as the opium growing regions in Afghanistan, Iran, and Pakistan are called, accounts for 75 percent of all the heroin in Western Europe and 50 percent of the heroin in the U.S. In 1983, 4.5 tons of heroin, with an approximate street value of \$9 billion, went to the U.S. from the Golden Crescent.⁷

The Afghan *contras* are based in regions of the Golden Crescent where opium production is the highest. The Badkhashan and Takhar provinces in northeast Afghanistan, Kunar province east of Kabul, and North Waziristan in Pakistan are all covered with the opium poppy. The opium is bundled up and smuggled to Europe for processing or is refined into heroin in laboratories in Afghanistan and Pakistan. Even with their crude equipment, these heroin chemists produce the second most potent and pure heroin in the world. Only the poppies of Turkey provide a stronger opium base.

The U.S. Drug Enforcement Agency (DEA) blames the widespread opium production on lack of control by the Afghan government. A recent DEA report stated: "There is no indication that the Soviet-imposed regime in Kabul has the capability or the political will to address the problem."⁸ During a trip to Pakistan, Attorney General Edwin Meese announced to the press: "The regime...[Afghan government] maintains an absolute indifference to any measures to control poppy. We strongly believe that there is actually encouragement, at least tacitly, over growing opium poppy."⁹

That this is nothing but disinformation is shown by a United Nations International Narcotics Board report which in 1986 stated:

"The government [of Afghanistan] is taking steps to develop prevention, treatment and rehabilitation programs. Seizures of opium and cannabis within Afghanistan have doubled in 1985 as compared with 1984 while heroin seizures increased tenfold. Strengthened enforcement activity is therefore evident.... The government has enacted legislation providing severe penalties for traffickers."

Ironically, it is not the Afghan government that is slack on drug enforcement, but the DEA which has been called off the hunt. This is not the first time the DEA has been ordered to halt its investigations. During the war in Southeast Asia, the U.S. Bureau of Narcotics, the precursor to the DEA, attempted to

1. See Afzal Khan, "Afghanistan's Holy War," *National Review*, February 1980.

2. See Robert Brister, "Afghanistan in Perspective," *Churchman*, March 1980.

3. Kunhanandan Nair, *Devil and His Dart* (New Delhi: Sterling, 1986), p. 81.

4. Brister, *op. cit.*, n. 2.

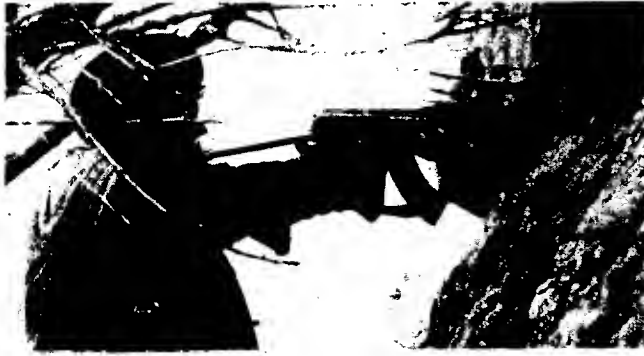
5. In August 1980, the Iranian government expelled the Afghan *contra* group, Jamiali-Islami (Islamic Society) because they were involved in extensive drug smuggling from their bases in Mash-had, in northeast Iran.

6. *New York Times*, July 31, 1980.

7. United Press International, December 15, 1983.

8. United States Department of State, *International Narcotics Control Strategy Report*, p. 12.

9. Associated Press, March 3, 1986.

Afghan *contra*.

investigate heroin production and was stymied. Alfred McCoy, in *The Politics of Heroin in Southeast Asia*, writes, "As thousands of GIs serving in Vietnam became addicted to Laotian heroin, the bureau tried to adjust its priorities by sending a team of agents to Laos, but its investigations were blocked by the Laotian government, the State Department, and the CIA."¹⁰

A high level law enforcement official, with intimate knowledge of the situation in Afghanistan, speaking on the condition of anonymity stated: "The Drug Enforcement Administration had been ordered to roll back their men from Afghanistan and Pakistan. They pulled them out and now they have no one close for on-site monitoring of drug activities... So now, the only personnel the United States has in position there are the CIA's people. And, quite frankly, all things considered, that raises some disturbing questions."¹¹

The DEA even admits the CIA-backed *contras* are responsible for the heroin traffic out of Afghanistan and Pakistan. After David Melocik, the DEA's Congressional Liaison, returned from a fact-finding trip to Southwest Asia he announced at a press conference that "You can say the rebels make their money off the sale of opium. There's no doubt about it... the rebels keep their cause going through the sale of opium."¹²

In late 1986, U.S. drug agents caught Abdul Wali attempting to smuggle over a ton of hashish through Port Newark, New Jersey. Assistant U.S. Attorney Claudia Flynn admitted that Wali was the head of a 50,000-member organization in Pakistan but she refused to give the name of the group. Another federal official, who spoke on the condition of anonymity, said that he had "some significant position among [the *mujahedin*]."¹³

Two top officials on the White House Strategy Council on Drug Abuse wrote, with surprising candor, in the *New York Times*: "We worry about the growing of opium poppies in Afghanistan and Pakistan by rebel tribesmen who apparently are the chief adversaries of the Soviet troops in Afghanistan. Are we erring in befriendng these tribes as we did in Laos when Air America helped transport crude opium from certain tribal areas?"¹⁴

10. Alfred McCoy, *The Politics of Heroin in Southeast Asia* (New York: Harper & Row, 1972), p. 350.

11. Hoag Levins, "The Kabul Connection," *Philadelphia Magazine*, March 1980, p. 202.

12. Associated Press, December 16, 1983.

13. Associated Press, October 7, 1986.

14. *New York Times*, May 22, 1980.

The United States has turned to traditional allies and even traditional adversaries for Afghan *contra* funding. In 1985 even though Congress doubled the Reagan administration's request for Afghan aid, the holy warriors at the CIA thought this still was not enough. Later that year, the State Department and CIA sought out Saudi Arabia for more funding and received \$250 million (no doubt deposited in a secret Swiss bank account). In 1986, the Saudis gave another \$275 million and King Fahd hosted Afghan *contra* leaders as a show of support for their *jihad*.¹⁵

The Reagan administration no longer attempts to hide its involvement in this "covert war" or pretends that Pakistan is neutral in the conflict. On Capitol Hill, William Schneider, Jr., undersecretary of state for security assistance, told Congress that some U.S. funding would now go through the Afghan refugee camps in Pakistan because "the refugees are insurgents, too."¹⁶

The flow of arms must be kept pouring into Pakistan since the majority of the weapons destined for the Afghan *contras* never makes it. Estimates of the number of arms skimmed from CIA shipments go as high as 80 percent and even Andrew Eiva, of the right-wing Federation for American Afghan Action admits that there is up to 70 percent "slippage" in CIA supplies.¹⁷ Many of the arms end up with the Pakistani military as "supplemental aid" for reliable ally/dictator Mohammed Zia ul-Haq.¹⁸ Pakistan has received \$1.6 billion in "official" U.S. military credits in the last five years.

The CIA's past history in drug trafficking leaves little doubt that it is currently involved in the opium trade in Southwest Asia. The CIA funded their own personal *jihad* in Laos and Cambodia with profits garnered from opium and heroin smuggling.¹⁹ Air America, the CIA airline, was used extensively in Southeast Asia for arms shipment and drug running.

Today the CIA is involved in cocaine smuggling to fund the *contra* war in Nicaragua,²⁰ and as in Laos, they are working with international organized crime syndicates who have years of experience in the business. CIA transport planes also play an important role in the arms for drug shipments in Central America.

With all their experience and "success" in Southeast Asia and Nicaragua, there is little doubt that the CIA is helping the Afghan *contras* smuggle opium to fund this anti-communist war. Just as the number of heroin addicts in the U.S. skyrocketed during the Vietnam War, Pakistan finds its addict population going from a few hundred in the late 1970s to almost one half million today. It is clear that the U.S. strategy for Afghanistan is not to bring about a withdrawal of Soviet troops but instead to keep the Soviets occupied. As with the Sandinistas in Nicaragua, the U.S. intends to "bleed the Soviets dry" in Afghanistan. The victims of this policy are not only the Afghans but also the hundreds of thousands of heroin addicts who rely on "Afghan 707," Number 4 heroin, for their fix.

15. *Washington Post*, June 20, 1986, p. A30.

16. *Ibid.*, May 9, 1985, p. A1.

17. *Time Magazine*, December 9, 1985.

18. The weapons also wind up in the hands of Pakistani drug smugglers. A Pakistani drug agent was amazed to find an anti-aircraft gun mounted to the roof of a major drug trafficker in North-West Frontier Province.

19. See McCoy, *op. cit.*, n. 10; and David Truong D.H., "Running Drugs and Secret Wars," in this issue.

20. See Vince Bielski and Dennis Bernstein, "The Cocaine Connection," in this issue.

NSC, CIA, and Drugs:

The Cocaine Connection

By Vince Bielski and Dennis Bernstein*

Ronald Reagan loves the *contras* and hates drugs; both are wars he has publicly vowed to fight. The President and the First Lady have given speeches from their home in the White House extolling the virtues of a drug-free society and urging the youth across America to "Just say no." Reagan has even tied the two favored causes into one, neat, anti-Sandinista knot. For three years, Reagan has accused the Nicaraguan government of drug trafficking, and he has used the issue in pushing *contra* aid through the congress.

But the knot has recently begun to unravel, as evidence surfaces showing that the CIA, not the Nicaraguan government, is facilitating the importation of cocaine into the United States. The evidence shows that the CIA tapped into the South American-U.S. drug trade to keep the Nicaraguan *contras* armed and fighting during the two-year prohibition against U.S. support. Only two decades ago, the CIA became a partner in the heroin trade stemming from its covert assassination programs in Southeast Asia. The consequence of this complicity was a U.S. heroin epidemic which left thousands dead on the streets of New York, Detroit and Los Angeles. The CIA has shifted its focus to the *contras* in Central America, a major thorough-fare in the the South American-U.S. cocaine trade. And here at home, Americans are shocked at the widespread use of cocaine and crack, the deadly cocaine derivative—in urban ghettos and corporate highrises.

The evidence from king pin traffickers, *contras*, U.S. mercenaries, and congressional investigators suggests extensive CIA involvement in the cocaine trade, from a top cocaine producing family in South America to the pilots who transport drugs. Blaming the *contras* for drug trafficking, as a few in the press and Congress have done, misses the point—that the *contras* are a CIA operation. Yet, it would also be mistaken to isolate the CIA as the culprit from the larger White House conspiracy, managed by Lt. Col. Oliver North. Reagan's *contra* pipeline—as laid out in the current joint House-Senate hearings—apparently utilized well-known drug traffickers in Miami and Costa Rica to fund and organize weapons shipments.

Nothing better indicates the depth of U.S. government involvement in drug trafficking than its direct dealings with the family of Jorge Ochoa, one of Columbia's two largest drug exporters, according to an eye-witness account. The Agency apparently obtained cocaine directly from Ochoa in Columbia. To move the illicit substance, the CIA also recruited drug traffickers who piloted the narcotics from Colombia north to refueling points in the northern Costa Rican jungle.

Costa Rica was the location where CIA-backed smugglers interfaced with the *contra* military operation. For the traffickers, Costa Rica's geographical location between Columbia and the United States made it a perfect transshipment point. A

CIA operative, John Hull (see below), allowed the traffickers to use several small jungle airstrips under his control to refuel and store cocaine before shipping it to the United States. In return, they paid user fees and made payoffs to the *contras*, and on return trips from southern Florida, the traffickers brought plane loads of weapons.

This evidence is also part of a Senate Foreign Relations Committee probe into drug trafficking and the national security. While the investigation, beginning in June, 1986, is now a year old, it has yet to publicly report on any of its politically explosive evidence showing that drug trafficking was a major pillar of the Reagan doctrine for democracy in Central America. Senator John Kerry (Dem.-Mass.) has been one of the few committee members bold enough to implicate the CIA in trafficking. It was his presentation at a closed-door committee meeting in 1986 that forced the then Republican-led committee to begin its own investigation.

"It is clear that there is a networking of drug trafficking through the *contras*," Kerry said at the meeting, "and it goes right up to...[*contra* leaders] Mário Calero, Adolfo Calero [and] Enrique Bermúdez."

"And in the name of national security," Kerry added, "we can produce specific law enforcement officials who will tell you that they have been called off drug trafficking investigations because the CIA is involved or because it would threaten national security."

Organized Crime, Heroin, and the CIA

The CIA's use of drug smugglers to circumvent the Boland Amendment banning support to the *contras* made practical sense. Few groups could better execute clandestine weapons deliveries to a Central American country than drug pilots. These traffickers already had the necessary planes, pilots and expertise to make weapons deliveries at hard-to-find jungle locations. And this practical arrangement between seemingly strange bed-fellows is as old as the CIA.

From the time of its birth after World War two, the CIA has repeatedly depended on allies in the criminal underworld to help fight its anti-communist wars. Alfred McCoy's *The Politics of Heroin in Southeast Asia* concluded that the result of this historical relationship was the CIA's "inadvertent but inevitable" role in drug trafficking, of which the *contra* war is but the latest chapter.

In Sicily, for example, the Office of Strategic Services, the forerunner of the CIA, used the Sicilian Mafia to fight the Italian Communist Party after the war. In Marseille, France, "the CIA recruited Corsican gangsters to battle communist strikers and backed leading figures in the city's Corsican underworld who were at odds with local communists," McCoy writes. This engagement helped "the Sicilian Mafia and the Corsican underworld play a key role in the growth of Europe's post war heroin traffic...which provided most of the heroin smuggled into the United States over the next two decades."

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European organized crime brought Southeast Asia into their heroin trade as a source of opium in the 1950s. U.S. policy facilitated the heroin trade there by supporting anti-communist armies in Burma and Laos which were deeply involved in the manufacturing and sale of heroin. From these cases McCoy found CIA complicity in the drug trade on three levels: (1) "coincidental complicity by allying with groups actively engaged in the drug traffic; (2) abetting the traffic by covering up for known heroin traffickers and condoning their involvement; (3) and active engagement in the transport of opium and heroin." (See David Truong D.H., "Running Drugs and Secret Wars," in this issue.)

The CIA's recent role in the South American-U.S. cocaine trade fits squarely into the historical pattern.

The Ochoa-CIA-Contra Pact: An Eyewitness Account

The family of Jorge Ochoa, along with a few other South American families, control most of the cocaine flow from South America to the United States. In the South American drug world, Ochoa is a drug lord, as is Carlos Leder, whose extradition in early 1987 to the United States grabbed the attention of the national press for days.

Ironically, the CIA was striking business deals directly with Ochoa, the evidence suggests, within a short time of the DEA bust of Leder, its biggest in years. The evidence comes from a major trafficker very close to the Ochoa operation who in 1986 volunteered eye-witness evidence on the Ochoa-CIA link to the FBI. A U.S. citizen married to a Colombian trafficker, the witness is known by her pseudonym "Wanda Doe." The FBI subsequently used her as an undercover drug trafficking informant, and in preparation for her testimony before the Senate Foreign Relations Committee, Kerry's office produced a "legal proffer" about what she knows.

On two occasions, the proffer reads, Doe witnessed the loading of cocaine from the Ochoa family into CIA-owned planes by CIA agents in Barranquilla, Columbia. In 1983, while she was visiting the Ochoas to make a cocaine deal, she saw "army trucks" being unloaded from a Hercules plane and "tupperware type containers" loaded on the plane. She was told by "Jorge Luis Ochoa that the plane was a CIA plane and that he was exchanging drugs for U.S. guns . . . , [that] these shipments came each week from the CIA, [and that] two men in green uniforms [unloading the plane] were CIA agents," the proffer says.

In October, 1985, she saw a similar transaction in Barranquilla with a plane "clearly marked as a Southern Airways plane." Doe was told that the Southern Airways plane, "sometimes brought U.S. products such as washing machines, gourmet food, and fancy furniture" in exchange for cocaine.

Doe provided this evidence to the FBI before the Nicaraguans shot down the C-123 cargo plane over Nicaragua carrying Eugene Hasenfus in October, 1986. The log of a co-pilot killed in the crash shows two visits of a Southern Air Transport plane to Barranquilla in October, 1985.

The proffer says "that the FBI has told [Doe] that they have confirmed many of the things she told them, [and] that it was difficult for them to respond to many of the things...because there weren't enough agents."

The Drug Pilots

Two convicted drug traffickers now in federal prison in Miami provide strong evidence of the CIA's role in smuggling

cocaine between Costa Rica and the United States. The most important trafficker to come forward with evidence is George Morales, a U.S. citizen, a multi-millionaire, a world-class speed boat racer, and a king pin smuggler by U.S. standards. Morales, a resident of Ft. Lauderdale, Florida, is a key witness in the Senate probe, according to a congressional investigator. Morales' credibility is bolstered by the fact that he has assisted the CIA on another operation in Latin America separate from the *contras*, the investigator said.

Morales said in a CBS report that he was recruited to set up a *contra* air force to deliver weapons to the *contras* by CIA operative Octaviano César. CBS was told by eight sources that César works for the CIA. Morales said in an interview with these writers that he "was supplying aircraft and pilots, and other financial support. We were flying weapons from Florida to Ilopango [a military base in El Salvador] and then to Costa Rica." He said his pilots made numerous such trips between 1984 and 1985.

As evidence, Morales said he gave a plane to Costa Rican-based *contra* leader Adolfo Chamorro in 1985. He said the plane was a Cessna Titan 404, tail number N5273J. Federal Aviation Administration records show that Chamorro tried to register this plane in the U.S. in May 1985. Morales said he also contributed \$250,000 to *contras* on a quarterly basis, while working for *contra* leaders Alfonso Robelo and Fernando Chamorro.

In return, the Agency assisted Morales, and his traffickers smuggled "thousands of pounds of cocaine into the United States through Costa Rica," the investigator said. "Morales was successful in the scheme. He exploited the CIA connection to its fullest."

Providing the Intelligence

It appears that one form of assistance given to the traffickers was intelligence information to help them avoid detection when entering the United States. Morales said the CIA assured him that his phone lines would not be monitored by the Drug Enforcement Administration. Drug trafficker Wanda Doe provides evidence that the CIA used its air traffic intelligence information in smuggling drugs. "She was told by Michael Cocham that Cocham is past or present CIA," the proffer said, "that Cocham has knowledge of air traffic patterns and clearances for military planes, and that Cocham uses this knowledge to facilitate narcotics trafficking, that Cocham was seeking to move 9000 kilos from Miami to Tampa by van and from Tampa to Los Angeles by private planes which he controls, [and] that his pilots are ex-U.S. military fliers."

Convicted drug trafficker Michael Tolliver, who is serving time in a federal prison in Miami, said under oath that he was allowed to use a U.S. military installation to smuggle marijuana into the Florida. Tolliver said he flew a shipment of weapons to the *contras* in Honduras under the supervision of Félix Rodríguez, a key operative in the White House arms network. On the return trip to Florida, Tolliver said he transported 25,000 pounds of marijuana from a CIA-built airstrip in Honduras to Homestead Air Base near Miami.

Another source of assistance given the traffickers was the use of hidden airstrips in northern Costa Rica controlled by an American rancher named John Hull.

American Rancher Turned CIA Operative

John Hull, a wealthy U.S. rancher from Indiana with dual

citizenship and 8,000 acres of fertile land in Costa Rica, is a key link in the CIA's drug scheme. According to a June, 1986, memorandum on *contra* gun running from the Miami U.S. Attorney's Office, "It is unclear whether Hull has had an official role in the U.S. sponsored *contra* operation since March 1984. [Costa Rica CIA station chief Joseph F.] Fernández denied that Hull has been an operative for the CIA...since that time. Hull, however, has allegedly made remarks that suggest otherwise." Hull also told his mercenaries that he worked for the National Security Council, and on several occasions he met with North in Washington, according to the Tower report.

The *contra* military operation and the drug trafficking came together in Costa Rica under Hull's command. He was the FDN's commander in Costa Rica, and established *contra* military bases on his ranch land from which at least two military raids into Nicaragua were launched, according to Peter Glibbery and Steven Carr, two of Hull's mercenaries. Hull also controlled many airstrips in the area, which were used to deliver weapons and supplies to Hull during the congressional ban.

Hull allowed the traffickers who delivered the weapons to also use the airstrips for transporting cocaine from South America. Morales transported tons of cocaine into the United States through Hull's airstrips, and paid Hull for the service, the Senate investigator said. "George Morales was close enough to Hull that he can describe the color of Hull's bedroom dresser," the investigator said. Hull said in an interview that he has never allowed his airstrips to be used by traffickers, though he admitted that traffickers did use other airstrips in the area.

Additional evidence against Hull comes from convicted drug smuggler Gary Betzner, who said in a prison interview that he flew arms to Hull's ranch and 1,000 kilos back to Florida as one of Morales *contra* pilots in 1984. And Steven Carr told a fellow mercenary interviewed by these writers that he was given the job of guarding the cocaine shipments on Hull's land, before he died under mysterious circumstances in Los Angeles in late 1986 of an accidental cocaine overdose.

Evidence continues to surface, as in a recent CBS report, which stated that U.S. Customs Commissioner William Von Raab "hit the roof" when he found out that the CIA had employed Michael B. Palmer. Palmer, who was under federal indictment for drug-smuggling, was hired by the CIA to fly covert flights to Central America.

Bay of Pigs Revisited: The Cuban-American Connection

The tale of CIA complicity in drug trafficking is not complete without describing the role of Cuban-American anti-communists in Miami. They rose to national prominence in the Bay of Pigs invasion of Cuba in April 1961, and while many remained with the CIA, others went out on their own. In the ensuing years, they honed the skills taught them by the CIA in a series of anti-communist bombings in Miami. They also greatly expanded the local narcotics trade, with eight percent of the Bay of Pigs veterans already having been convicted of drug trafficking. Not surprisingly, they have been called into action again as foot soldiers in the U.S. government's arms-cocaine pipeline.

The Miami Cuban-Americans trained the *contras* and facilitated drug trafficking under Hull's command. Hull said his "humanitarian assistance to the *contras*" has been assisted by Felipe Vidal, Rene Corbo and Francisco Chanes—three Cuban-Americans who as of 1986 were under a Miami FBI

investigation for drug trafficking out of Costa Rica, according to a June, 1986 memorandum from the House Select Committee on Narcotics Abuse and Control and other sources.

The hardest evidence to date of the Hull-Cuban-American connection is a March, 1985 arms shipment from Florida to Hull's ranch which is now under investigation by the Miami U.S. Attorney's Office. The arms were stored at the Miami home of Chanes, along with three kilograms of cocaine, valued at about \$75,000, according to Jesus Garcia, another Cuban-American who assisted on the shipment. Garcia said Chanes paid for the flight with \$8,000, and Corbo was on the plane as it left Florida.

This cocaine-financed shipment is also directly linked to Oliver North. Robert Owen, North's "courier" to the *contras*,



Contra planes at Aguacate. Large plane is a C-47.

witnessed the arrival of the weapons on Hull's airstrip in Costa Rica, according to Glibbery, who was also there.

The Bi-Partisan Coke Coverup

The current Iran/*contra* investigation of the joint House-Senate panel has been a forum for propagating the idea of a bi-partisan foreign policy, which amounts to a one-dimensional, military crusade against communism. Exposing the White House and the CIA's complicity in drug trafficking would produce the much feared congressional dissent and stall the crusade. As a result, panelists have allowed witnesses to make categorical denials about their role in drug trafficking without presenting the hard evidence against them. For example, during his testimony before the panel, Robert Owen was not asked any questions about the drug traffickers' role in the March 1985 arms shipment which he was involved in. Yet evidence was readily available to the panelists that the flight was funded by drug money and organized by smugglers.

The cover up of the drug trafficking, however, appears to have begun with the CIA.

National Security and the CIA Cover Up

Evidence that the CIA has actively tried to cover up its own drug operation comes from a transcript of June, 1986, Senate Foreign Relations Committee meeting. The CIA apparently blocked federal drug investigations of *contra* supporters to prevent the evidence from spreading.

At the meeting, Senator Kerry said: "I am incensed at the notion that in the name of...national security we are allowing drugs to come into this country...."

"The *contra* infrastructure consists of the supply lines for the *contras*, used to move men, money, and supplies and munitions to the *contras*.... They have been able to gain a

license, if you will, of access to airfields, of the muting of Customs officials, an ability to be able to circumvent the law, in the name of national security. And in the name of national security, we can produce specific law enforcement officials who will tell you that they have been called off drug trafficking investigations because the CIA is involved or because it would threaten national security."

One federal drug investigation that was called off targeted FDN leader Enrique Bermúdez. "He was the target of a government-sponsored sting operation. He has been involved in drug running.... And the law enforcement officials know that the sting operation was called back in the interest of protecting the *contras*," Kerry said.

When asked by Senator Nancy Kassenbaum (Rep.-Kans.) about approaching the CIA for help with the Senate investigation, Kerry said, "Let me say that I would be amazed if the CIA were to be very cooperative in this. We had a meeting with the CIA. [They] jumped out of their seats at some of the stuff that they heard we were thinking of looking at."

A CIA Plant?

The cover up has also been helped along by the appointment of a 35-year CIA veteran to the House-Senate investigation to probe CIA wrongdoing in Costa Rica. Thomas Polgar, a former CIA station chief in Vietnam, is also currently an active member of the Virginia-based Association of Former Intelligence Officers, a CIA lobbying organization. Polgar traveled to Costa Rica in April, was led around by the U.S. embassy there which was deeply involved in the arms network, and didn't bother to interview Hull and others linked to CIA trafficking in Costa Rica. Polgar did reveal what side of the investigation he was on when he told local reporters at the *Tico Times*, a Costa Rican weekly, that he doubted that "a conservative farmer like Hull would traffic in drugs."

A Leak, a Murder, a Death Threat, and a Set Up

The witnesses and investigators of the drug trafficking have had a rough time staying alive and out of jail.

Leaks to the press about what Wanda Doe knows have forced investigations into the evidence to close down, and have ruined Doe as an extremely valuable informant into the drug world by forcing her into hiding. Laurel Marc-Charles, Doe's attorney, believes the Justice Department sat on the evidence, then leaked it to the rightwing *Washington Times*, which ran articles in January, 1987, suggesting that Doe had "altered her story" after talking with Senator Kerry's staff. "I simply know of no other circumstance in which the Department of Justice has acted so irresponsibly," the attorney said.

It appears that those involved in the CIA-cocaine scheme have also resorted to murder to keep things secret. One of the first sources to surface on Hull's connection to trafficking was Hull's personal assistant, a *contra* known as David. He passed the information on to Martha Honey and Tony Avirgan, two Costa Rican-based American reporters who work for CBS and BBC in the spring of 1985. According to Costa Rica authorities, in July, David was kidnapped and brought to Hull's ranch, and then tortured and killed.

Then in April of this year, Hull threatened mercenary Peter Glibbery with death. Glibbery, who is in a Costa Rica prison for violating the country's neutrality law, said Hull's threat came after he refused to sign a document retracting the evidence he had given federal authorities about Hull's *contra* activities. The document also referred to Senator Kerry as a

"communist." After Glibbery refused to sign, Hull said, "I'll ruin your family. And you'll die just like Steven Carr died. Don't you know the CIA killed Carr?" Glibbery said.

One month later, the Christic Institute, a non-profit law firm which has been in the forefront in developing evidence on the *contra*-cocaine connection, was the target of a bizarre drug set up in Costa Rica. The Washington based Institute has filed a civil law suit in federal court in Miami against Ret. Gen. Richard Secord, Ret. Gen. John Singlaub, John Hull and other figures in the Iran/*contra* scandal for their alleged participation in an arms-drugs-assassination conspiracy to help the *contras*. The Institute has recently taken sworn depositions linking Hull to the 1984 terrorist bombing in Nicaragua which was intended to kill renegade *contra* leader Eden Pastora, but instead killed eight others, including three U.S. journalists. A Costa Rican security official said Hull was traveling with Amac Galil, the Libyan anti-Qaddafi terrorist who planted the bomb, three weeks before the blast in Costa Rica.

While lawyers from the Institute were in Costa Rica taking the depositions from witnesses, the plaintiffs in the case, Martha Honey and Tony Avirgan, received a package of cocaine in a small box at the post office. Enclosed was a letter, supposedly from Nicaraguan interior minister Tomás Borge, saying "Dear Tony and Martha, sell this for me.... The [Sandinista] commandantes are very happy with your mission."

Costa Rican narcotics police were waiting at the post office and arrested the reporter's secretary after she picked up the package. And Institute lawyer Tom Kellenberg was taken into custody by the narcotics police and beaten. But evidently the set up was too obvious and charges were never brought against Institute workers.

Blaming the Sandinistas

"I know that every American parent concerned about the drug problem," Reagan said, "will be outraged to learn that top Nicaraguan government officials are deeply involved in drug trafficking."

Some panelists at the hearings have repeated Reagan's thinly based accusation, despite the evidence to the contrary. The administration has bolstered its claim with photographs taken by DEA informant and former drug smuggler Barry Seal, which allegedly showed a top Sandinista official in Nicaragua handling narcotics bound for the United States.

However, the Wall Street Journal reported recently that the DEA "could find no information beyond Mr. Seal's word tying any Nicaraguan official to the drug shipment." The administration claims were also refuted by Deputy CIA Director Richard Kerr, who said at a National Drug Enforcement Policy Board meeting that "There is no solid evidence to support" charges of Cuban-Nicaraguan drug trafficking, according to a recent Jack Anderson column.

Public opinion, however, influenced by concern over the current cocaine and crack epidemic, doesn't always follow the trends set in Washington. Witness a recent editorial in the *Charlston Gazette*, in West Virginia, entitled "Just Say No."

"The CIA apparently used drug smugglers to ferry arms to *contra* bases.... [T]hese accusations must be investigated. If nothing else, U.S. foreign policy has been tarnished; only a thorough going-over will clean it up. Meanwhile we have a suggestion for Congress next time the president asks for tax dollars to support his so-called 'freedom fighters': Just say no."

The Media's Double Standard: Who Deals Drugs?

By Roman Berger*

News from crisis regions is often subject to outside control. A case study by the *Columbia Journalism Review* reveals how a story about alleged drug trafficking by the Sandinista government received widespread media attention with the encouragement of the Reagan administration, while reports of Nicaraguan *contra* drug running were hardly noted in the press.

Reagan's accusations of Sandinista drug running were first reported in the *Washington Times*. On July 17, 1984, a story in the Moonie paper linked "important members of the Marxist government in Nicaragua" with drug trafficking. The paper based this report on unnamed sources in the Reagan administration who referred to the statements of Federico Vaughan, a convicted drug dealer who worked as an informant for the U.S. government. They claimed that Vaughan, while testifying in a Miami court, hinted that members of the Nicaraguan government were complicit in drug smuggling from Colombia to the U.S., via Nicaragua.

A False Allegation

Relying on the same unnamed sources, the *New York Times*, *Los Angeles Times* and NBC-TV started to play up stories of the alleged connection between Nicaragua and "narco-terrorism." Then, in October 1984, the *New York Times*, the *Wall Street Journal* and CBS-TV news reported that fugitive banker Robert Vesco was helping to finance cocaine trafficking by the Nicaraguan government. Citing "U.S. Customs sources," the reports said that Vesco had worked together with Federico Vaughan.

However, the federal judge in Miami, who heard Vaughan's case, found no traces of the alleged connection between Vaughan and Vesco, nor did he find any proof of relations between Vaughan and the Sandinista leadership. The *Columbia Journalism Review* study noted that the judge's findings were never mentioned in major newspapers or on the major network news broadcasts.

The attack by the Reagan administration continued. On March 16, 1986, three months before Congress approved \$100 million in aid for the *contras*, Reagan declared on national TV: "I know that all American parents who are concerned about the drug problem will be enraged to hear that high-ranking members of the Nicaraguan government are deeply involved in drug trafficking."

At the appropriate point in the speech, the TV screen flashed a blurred black-and-white photograph, allegedly showing a plane being loaded with cocaine on an airstrip near Managua, while Sandinista officials stood by. Reagan contin-

ued in one of his fiercest attacks against the Nicaragua government: "There is obviously no crime the Sandinistas do not recoil from. This is a lawless regime."

Three days later, the claim was first questioned in the mainstream media. The *New York Times* reported that the Drug Enforcement Administration (DEA) had contradicted Reagan's assertion of official Nicaraguan involvement in drug trafficking. The *Times* pointed out that DEA officials had publicly opposed Reagan's allegations several times on earlier occasions. For months, the DEA's opposition had been ignored by the media.

Contra Cocaine

News coverage of the *contras* involvement in drug trafficking took a very different course. In early 1985, two experienced Associated Press reporters, Brian Barger and Robert Parry, first heard reports of *contra* drug smuggling from government officials in Washington. They asked their editors for permission to travel to Central America and continue their research. They were only allowed a trip to Miami, but because of surprising disclosures there, the reporters went to Costa Rica where they learned a great deal more. Despite convincing evidence, checked carefully in Washington, the AP reporters were greeted with skepticism and uneasiness by their editors.

Nervous bureau chiefs started to play down the essence of their investigation. According to *CJR*, never before had a story from the Washington AP bureau been so strongly edited. As each new version was sent to New York AP headquarters for their opinion, bitter disputes took place, and the story was apparently killed.

Curbed Reporters

Finally on December 16, 1985, when Barger and Parry had long thought their story dead, the report was inadvertently run on the AP's Spanish news wire, and then the AP was forced to run it in English. Still, the exclusive report received almost no media attention.

Only the *Los Angeles Times* and the *Philadelphia Inquirer* published the story immediately. The *Washington Post* printed the story two weeks later, hidden on a back page. The story was not mentioned in the *New York Times*, which had run countless articles about Sandinista drug smuggling. On television, only ABC news briefly mentioned the report. Meanwhile, a request by Parry and Barger to travel to Nicaragua and Honduras to gather more information on the story was turned down. The reason: The AP report did not receive enough response and was not picked up by the networks and major papers and did not generate outside research!

[Editor's Note: Both Parry and Barger have since left the Associated Press. The Vaughan connection, meanwhile, is in shambles, although that has not stopped the Reagan administration from incessantly repeating the unfounded allegations. As Jonathan Kwitny pointed out in the *Wall Street Journal*

* The September/October 1986 issue of the *Columbia Journalism Review* ran an article by Joel Millman, "Narco-Terrorism: A Tale of Two Stories." It discussed the differing treatment given to stories alleging *contra* drug running and those which allege Sandinista drug running. The article was the subject of a news report by Swiss journalist Roman Berger in the *Zürich Tages-Anzeiger* (January 12, 1987). What follows are excerpts from that article, translated for CAIB by Heike Kleffner.



The famous fuzzy photograph.

(April 22, 1987), the only evidence that Vaughan was a Sandinista official came from the man who flew the plane and took the pictures that Reagan used on TV, Barry Seal, an indicted drug dealer and government informer. Seal had a ten-year sentence reduced to six months probation after telling his story. Shortly thereafter, he was murdered by three men described as a hit squad for Colombian drug dealers against whom he had testified. Kwitny also reported that Seal had, in fact, been flying weapons and drugs for the *contras*. Seal's escapades are described in an article by Joel Millman in the July 1, 1986 *Village Voice*.

In June 1987, Jack Anderson received a copy of the minutes of a February 19, 1987 meeting of the National Drug Enforcement Policy Board, chaired by Attorney General Edwin Meese. The deputy director of the CIA, Richard Kerr, was asked about Cuban and Nicaraguan involvement in drug trafficking: "Richard Kerr pointed out it was hard to identify a direct Cuban government link to trafficking activities," the minutes state. "There is no solid evidence to support this." As for the Managua conspirators: "The Nicaraguan Sandinista role appears to have been episodic," Kerr said, according to the confidential minutes. Our CIA sources translated this as a polite way of saying that much of the hoopla about Sandinista drug smuggling was based on a DEA informant who has since been discredited."(*Newsday*, June 3, 1987.)]

The *CJR* study quotes an executive at CBS, whose analysis

was: "For the first story there were pictures. Wherever they came from, they seemed to back up the administration's allegations. Whereas with the *contra* story, we would have been forced to go to Central America ourselves and follow the traces."

The Power of the Government

One important conclusion from the study was that most news stories about Nicaragua originate from Washington and not from people in Central America who are living and working at the center of the crisis. In Washington, the government has easy access to the media and is free to select what is news and what is not. It is the administration that decides who is a "freedom fighter" and who is a "terrorist"; which governments are "Marxist-Leninist" and which are "democracies." In 1984, the White House hailed the elections in El Salvador as a "triumph for democracy," whereas the elections in Nicaragua were "a sad farce." The government's huge information apparatus constitutes a voice that cannot be ignored.

The government's ability to control the news is especially noteworthy in the case of the Reagan administration's disinformation campaign against the Sandinistas. Guided by a low intensity conflict strategy, manipulation of the media is an important tool for furthering the U.S. objectives in Central America.

Doc-u-drama

One important aspect of the Iran/contras hearings that frequently goes unnoticed is the pile of declassified documents released by the House-Senate investigating committee. The documents often reveal the part of the story that reticent committee members refuse to follow up during questioning. Here are several documents which demonstrate how the arms-dealing network operated and the degree to which the White House was intimately involved.

Retired Army General Richard Secord's history of participation in special operations dates back to the CIA's war in Laos. In late 1983 the Agency wanted to issue Secord a security clearance so he could be privy to classified information.

4C 1706

OCC 81-08340
8 October 1983

MEMORANDUM FOR: Carl Darby
Office of Security

FROM: Michelle A. Martin
Office of General Counsel

SUBJECT: Richard Vernon Secord (Clearance Action on an Associate of Edwin Paul Wilson)

REFERENCE: Memorandum for General Counsel from Edwin Jones, same subject, dated 15 September 1983

1. You requested guidance on the propriety of considering General Richard Secord for an operational clearance in connection with a joint CIA/U.S. Army operational activity. In particular, you seek information on the current status of Department of Justice (DOJ) interest in Secord, e.g., indictment. (S)
2. I have been in contact with the DOJ on this matter and have been informed that General Secord has not been indicted, but their investigation of him is still open and active. Pending completion of this investigation, any clearance of General Secord for CIA employment activity would be inadvisable. (U)
3. If I encounter any other questions on this matter, I can be reached on 294822. (U)

Michelle A. Martin
Michelle A. Martin

OCC:HAM:am
Distribution:
Original - Addressee
1 - OGC Chrons
1 - OGC Subject (Wilson)
1 - HAM Signer
1 - HAM Soft File

EXHIBIT
22
CL BY 2011703
DECL GAFB
DERIVED FROM SEC R-70

33470

CIN IIIA

This is the reply from the CIA's Office of General Counsel.

Much of the secret Nicaraguan supply network that Secord helped set up was planned in the White House situation room and run by CIA operatives out of El Salvador. Ilopango and Aguacate air bases were open to *contra* gun (and drug) runners.

Number 28 (Summer 1987)

UNCLASSIFIED

238466
H 30467

September 28, 1983

Dear Felix:

AFTER READING THIS LETTER PLEASE DESTROY IT. You may keep the photographs.

Within the next 15 days, the Unified Nicaraguan Opposition (UNO)/Nicaraguan Democratic Force (FON) air arm will commence operations with two new types of aircraft: the C-7, CARIBOU and the M-748, MAULE STOL (see enclosures). These aircraft will be used for air drop/aerial resupply to units inside Nicaragua.

Two contract C-7s are scheduled to arrive in [redacted] on or about October 10. Initially the aircraft will be flown by U.S. citizens who are employees of the firm contracted to provide delivery services for the FON. It is intended that these aircraft will operate primarily at night, performing parades to units deep inside. Nicaraguan aircrews will be trained to fly these missions as soon as possible.

The resistance has also purchased a number of new MAULE aircraft shown in the enclosed photograph. These STOL a/s will be used for day and night short-haul missions to include MEDVAC and aerial resupply. Each aircraft comes with a spare parts package and a maintenance list has been established. Two aircraft have already been delivered. More will follow. All will be flown by Nicaraguan pilots or other Latin Americans -- not U.S. citizens.

Eventually both types of aircraft will also operate in support of the [redacted] front from fields [redacted]. Neither [redacted] or [redacted] have adequate sites for maintaining these aircraft. The only location which provides sufficient OPRC, ramp space and occasional hangar time for servicing these aircraft is [redacted].

Since this is a completely compartmented operation, being handled by the resistance, you are the only person in the area who can set-up the servicing of these aircraft with [redacted]. [redacted] and [redacted] both have a high regard for you and you may see my name privately with either of them but not others. You must not advise [redacted] who is not working with our people.

Would you, therefore, approach [redacted] and [redacted] with the following proposal:

- Service groups for one C-7 on a one day a week basis. A representative of the C-7 contractor will ensure that all parts and maintenance items are delivered to FON service technicians (three) as needed. No [redacted] parts or maintenance will be required.
- Service groups for occasional MAULE maintenance with parts and supplies handled the same as above. Again, no [redacted] parts or labor will be required.
- This plan requires only discrete use of [redacted] space and no use of [redacted] and/or agency funds, equipment, and/or personnel. The contractor will guarantee discretion.

Please advise [redacted] as to [redacted] acceptance of this proposal. If [redacted] and [redacted], a representative of the maintenance contractor will arrive and seek you out. He will identify himself as coming from Mr. Green.

Warm regards, hope all is well with you. We hear nothing but good reports about your work. Keep it up. Vaya con Dios!

UNCLASSIFIED

739
H 30467

Classified by 2011703
Declassify on: OLC, E.O. 12356
by [redacted], National Security Council

This memo, from Oliver North to Félix Rodríguez, shows how the former NSC aide made arrangements for Southern Air Transport ("the contractor") to send planes to Rodríguez in El Salvador.

Robert Owen played a very important role in the *contra* supply operation. Although he is a private citizen and, by his own admission, broke many laws, he was granted full immunity from prosecution by Congress.

CovertAction 19

- Number 28 (Summer 1987)

~~TOP SECRET~~ UNCLASSIFIED EYES ONLY

N 7421

- The primary USA contact believes that the hostages can be released from Iran in a price as follows:
- 1. The USA will be willing to agree to release of 40,000 US dollars.
 - 2. The USA will be willing to agree to release of 40,000 US dollars.
 - 3. The USA will be willing to agree to release of 40,000 US dollars.
 - 4. The USA will be willing to agree to release of 40,000 US dollars.
 - 5. The USA will be willing to agree to release of 40,000 US dollars.
 - 6. The USA will be willing to agree to release of 40,000 US dollars.
 - 7. The USA will be willing to agree to release of 40,000 US dollars.
 - 8. The USA will be willing to agree to release of 40,000 US dollars.
 - 9. The USA will be willing to agree to release of 40,000 US dollars.
 - 10. The USA will be willing to agree to release of 40,000 US dollars.

It is assumed that the price cannot be negotiated from given the number of people requiring release. Both the USA and Iran believe that this effort will produce the release of the hostages. The release will be used to further/treat the first two hostages while arrangements (both financial and operational) are being made for the remaining hostages. It is assumed that 75-80 hours would be required for a complete release. This assumes that additional funding is available on a near real-time basis. The donor is aware that the price being asked is \$1M each. It is assumed that we are proceeding with a plan to release only one if the price does not come down.

~~TOP SECRET~~ UNCLASSIFIED EYES ONLY~~TOP SECRET~~ UNCLASSIFIED EYES ONLY

N 7422

The USA officers are proposed to take leave as soon as they are contacted by Iran. Travel arrangements and operational costs are currently being financed from funds normally available to the Mission's coexistence. Our normal point-of-contact in the resistance for these matters is not yet aware.

Summary: As discussed with ADM Poindexter, it appears that both these plans can proceed simultaneously without undue concern for compromise or mutual jeopardy. Given this arrangement for the USA operation will take considerable time (several weeks) to complete financial arrangements.

RECOMMENDATIONS

1. That you approve proceeding with the plans outlined above.

Approve ☒ Disapprove ☐

2. That you contact the Attorney General and ask that the CIA officers be placed on temporary detail to the NSC for a period of 30 days.

Approve ☒ Disapprove ☐

Attachment
[Redacted]

~~TOP SECRET~~ UNCLASSIFIED EYES ONLY

The DEA did not find the hostages in 1985, so North, Second and their associates met with Iranian contacts to discuss the possibility of the release of the hostages in exchange for weapons. During the October 1986 meeting in Frankfurt both sides bargained over the price of the transcript of Buckley's torture/interrogation session.

~~TOP SECRET~~

UNCLASSIFIED

11/20/86 1000
(Historical Chronology)**U.S./IRANIAN CONTACTS AND THE AMERICAN HOSTAGES**

From the earliest months following the Islamic revolution in Iran, the U.S. Government has attempted to reestablish official contact with that government in order to discuss strategic developments in this critical part of the world and reestablish a working relationship. Even before President Reagan came to office the U.S. Government agreed to try to expand security, economic, political, and intelligence relationships at a pace acceptable to Tehran. In the fall of 1979, the U.S. undertook three secret missions to Tehran:

- September 1979 - [Redacted] met secretly with Rostegari at the request of the Iranian [Redacted]
- October 1979 - [Redacted]
- October-November 1979 - [Redacted] discussed normalization of relations

When these meetings and the secret November 1, 1979 meeting in Algiers, between Rostegari and Prime Minister Basmaji, became public in Iran, they helped precipitate the takeover of the Embassy by radical elements and led to the resignation of the Rostegari government. These events have adversely influenced Iran's subsequent willingness to engage in any direct contact with the U.S.

Despite mutual difficulties involved in re-establishing "normal" relations, our strategic interests in the Persian Gulf mandate persistent efforts to establish a dialogue. In this regard, it is notable that only a few major countries do not have relations with Iran -- Egypt, Jordan, Morocco, Israel, South Africa, and the United States. Even Iraq continues to have diplomatic relations with Iran.

Iran is the key to a region of vital importance to the West, and it is increasingly threatened by growing Soviet military power and political influence along its borders and inside its territory. Over the course of the last two years, the Soviets and their surrogates have moved actively to gain greater influence in the Gulf.

- The Soviets believe that once Shomali dies, they will have an excellent opportunity to influence the formation of a government in Tehran that serves Soviet strategic interests in the area.

EXHIBIT
58

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The Iranians also proffered, and the U.S. accepted, the offer of a Soviet T-72 tank. The Iranians have also offered to provide a copy of the 400 page interrogation of Beirut Station Chief William Buckley. At this meeting [Redacted] stated that there was a "very good chance that another American or two would be freed soon." On October 19, with U.S. acquiescence, Israel provided Iran with an additional increment of defensive weapons (\$500 TOW missiles).

- C. Late on October 31, [Redacted] called the U.S. citizen (Helm) tasked to maintain contact and advised that Iran has "exercised its influence with the Lebanese" in order to obtain the release of an American -- David Jacobson -- and an uncertain number of French hostages. He further noted that this would be part of the purpose of the Iranian Foreign Minister's visit to Syria -- an event we became aware of on November 1, 1986. [Redacted] stated that the situation in Tehran, as well as Iranian influence over Hezbollah were both deteriorating.

[Redacted] David Jacobson was released by his captors near the old American Embassy compound in West Beirut. The U.S. Embassy in East Beirut immediately dispatched an embassy officer to West Beirut to pick up Mr. Jacobson.

This section of the North-McFarlane-Poindexter chronology outlines some of these secret negotiations. It was deleted from the original in an attempt to hide Reagan's involvement.

The committee and the mainstream media continue to ask, "Did the President know what was going on?" However, the following memo, from North to Poindexter (reprinted here because of the poor quality of the exhibit), shows not merely how North wanted to incorporate the CIA into his private network. It demonstrates that the President was a witting participant.

Reply to Note of 05/16/86 16:19
NOTE FROM: OLIVER NORTH
Subject: IRAN AND TERRORISM

I passed the info, w/o mentioning Nir to both Clarridge and Casey. Clarridge believes that there may indeed be something to the offer [DELETED]. Will work w/ Dewey on a meeting plan which we may wish to carry out after we complete the hostage arrangements.

You should be aware that the resistance support organization now has more than \$6M available for immediate disbursement. This reduces the need to go to third countries for help. It does not, however, reduce the urgent need to get CIA back into the management of this program. We can only do this by going forward with the reprogramming proposal and getting the requisite authorities for CIA involvement. Unless we do this, we will run increasing risks of trying to manage this program from here with the attendant physical and political liabilities. I am not complaining, and you know that I love the work, but we have to lift more of this onto the CIA so that I can get more than 2-3 hrs of sleep at night. The more money there is (and we will have a considerable amount in a few more days) the more visible the program becomes (airplanes, pilots, weapons, deliveries, etc.) and the more inquisitive will become people like Kerry, Barnes, Harkins, et al. While I care not a whit what they say about me, it could become a political embarrassment for the President and you. Much of this risk can be avoided simply by covering it with an authorized CIA program undertaken with the \$15M. This is what I was about to say in the meeting today and a point that I believe Shultz does not understand in his advocacy of Third country solicitation. I have no idea what Don Regan does or does not know re my private U.S. operation but the President obviously knows why he has been meeting with several select people to thank them for their "support for Democracy" in CentAm. In short, we need to proceed with the \$15M. Shall I work this up? Wrm regards, North.

05/16/86 16:42

The next day, Poindexter authorized North to prepare the paperwork for the CIA reprogramming.

North and his secretary, Fawn Hall, thought they had destroyed this document and substituted altered memos which did not include the section about the diversion of Iran arms sale profits to the *contras*. However, in this attempt to obstruct justice they failed, and this

document became the basis for Edwin Meese's admission of the diversion.

TOP SECRET	UNCLASSIFIED	SENSITIVE
RELEASE OF AMERICAN HOSTAGES IN BEIRUT N 590		
<p>Background. In June 1983, private American and Iranian citizens commenced an operation to effect the release of the American hostages in Beirut in exchange for providing certain fictitious in Iran with U.S.-origin Iranian military material. By September, U.S. and Iranian Government officials became involved in this endeavor in order to assure that the USG would:</p> <ul style="list-style-type: none"> -- not object to the Israeli transfer of embargoed material to Iran; -- not replacement items to Israel as replenishment for like items sold to Iran by Israel. <p>On September 24, the Iranian Government, with the endorsement of the USG, transferred 308 basic TOW missiles to Iran. Forty-eight hours later, Reverend Benjamin Weir was released in Beirut.</p> <p>Subsequent efforts by both governments to continue this process have met with frustration due to the need to communicate our intentions through an Iranian intermediary arms dealer in Europe. In January 1984, under the provisions of a new Covert Action Finding, the USG demanded a meeting with responsible Iranian government officials.</p> <p>On February 20, a U.S. Government official met with [REDACTED]</p> <p>The first direct U.S.-Iranian contact in over five years. At this meeting, the U.S. side made no effort to refocus Iranian attention on the threat posed by the Soviet Union and the need to establish a longer term relationship between our two countries based on more than arms transactions. It was emphasized that the hostage issue was a "hurdle" which must be crossed before this improved relationship could prosper. During the meeting, it also became apparent that our conditions/demands had not been accurately transmitted to the Iranian Government by the intermediary and it was agreed that:</p> <ul style="list-style-type: none"> -- The USG would establish in good faith and bona fides by immediately providing 1,000 TOW missiles for sale to Iran. This transaction was reportedly completed on February 21, using a private U.S. firm and the Iranian as intermediaries. -- A subsequent meeting would be held in Iran with senior U.S. and Iranian officials during which the U.S. hostages would be released. -- Immediately after the hostages were safely in our hands, the U.S. would send an additional 2,000 TOW missiles to Iran using the same procedures employed during the September 1983 transfer. 		
TOP SECRET Declassify: OADR	UNCLASSIFIED	EXHIBIT FH-8 SENSITIVE A-51 111

TOP SECRET	UNCLASSIFIED	SENSITIVE
<p>-- The residual funds from this transaction are allocated as follows:</p> <ul style="list-style-type: none"> - \$1 million will be used in purchase replacement TOWs for the original 308 sold by Israel to Iran for the release of Benjamin Weir. This is the only way that we have found to meet our commitment to replenish these stocks. - \$12 million will be used to purchase critically needed supplies for the Mideastern Democratic Resistance Forces. This material is essential to cover shortages in resistance inventory resulting from their recent offensives and Sandinista counter-attacks and to "bridge" the period between now and when Congressionally-approved lethal assistance (beyond the \$15 million to "defensive" arms) can be delivered. <p>The ultimate objective in the trip to Tehran is to commence the process of improving U.S.-Iranian relations. Both sides are aware that the Iran-Iraq War is a major factor that must be discussed. We should not, however, view this meeting as a session which will result in immediate Iranian agreement to proceed with a settlement with Iraq. Rather, this meeting, the first high-level U.S.-Iranian contact in five years, should be seen as a chance to move in this direction. These discussions, as well as follow-on talks, should be governed by the terms of reference (TOR) (Tab A) with the recognition that this is, hopefully, many meetings and that the hostage issue, once behind us, improves the opportunities for this relationship.</p> <p>Finally, we should recognize that the Iranians will undoubtedly want to discuss additional arms and commercial transactions as "quid" for accommodating our "quid" for accommodating the Mideastern, and Iraq. Our emphasis on the Soviet military and subversive threat, a useful mechanism in bringing their attention on the hostage issue, must also serve to increase their desire for means to protect themselves against/deter the Soviets.</p> <p>RECOMMENDATION</p> <p>That the President approve the structure depicted above under "Current Situation" and the Terms of Reference at Tab A.</p> <p>Approve _____ Disapprove _____</p> <p>Attachment Tab A - U.S.-Iranian Terms of Reference</p>		
TOP SECRET	UNCLASSIFIED	SENSITIVE

22 CovertAction

Number 28 (Summer 1987)

Drugs, Politics, and Disinformation

By Richard Hatch*

If 1985 was the year of the terrorist, 1986 was the year of the drug hype. The drug panic last year was just the latest in a series of disinformation themes, manufactured and nurtured by the White House to help the Reagan administration pursue attacks on domestic freedoms and divert attention from more pressing social problems.

Drug Crisis: Reality or Illusion?

Throughout 1986, a tide of articles and TV news reports on illegal drugs, particularly the smokable cocaine derivative known as "crack," washed through the media. From March to October 1986, NBC news aired more than 400 reports on drugs. CBS received the highest ratings ever recorded for a documentary with its "48 Hours on Crack Street."¹ And along with hundreds of other articles, the *New York Times* ran almost two full pages daily for the week of the President and First Lady's drug crisis living room speech.

Although most of the furor was over crack, the anti-drug crusade lumped all drugs together as an evil threat. Yet by early 1987, the torrent had dried up. There were no more TV specials with Dan Rather or Geraldo Rivera undercover on drug busts, no two-page spreads in the *Times*, and no more presidential speeches.

What happened? The truth is that there was no "crisis," and the panic was manufactured primarily for political gain.

The Reagan administration had refined its techniques of disinformation by allowing the *contras* and other mercenary groups to traffic in cocaine to raise money for political purposes, then citing the resultant drug use in its attack on political freedom. The administration's war on drugs was as hypocritical as its refusal to trade arms for hostages.

The war against drugs, meanwhile, assumed the existence of an epidemic. However, throughout the period of intense media coverage, the use of illegal drugs—with the exception of crack—continued a years-long decline. While *Newsweek* editorialized that "an epidemic is abroad in America, as pervasive and dangerous in its way as the plagues of medieval times," the actual number of drug users in the U.S. decreased, especially among the young.

The absence of an epidemic is confirmed by figures from the National Institute on Drug Abuse (NIDA), the primary governmental body charged with monitoring drug usage. NIDA statistics show that the number of hospital emergency room admissions and deaths associated with drugs stayed fairly constant from 1983 through 1986. At the height of the "crisis" the numbers dying from cocaine still did not greatly exceed the total dying from over-the-counter painkillers like aspirin. Alcohol in combination with other drugs killed twice as many as cocaine.² Former NIDA head Carlton Turner admitted it was "not an epidemic now. It was one in 1981, but people are just now discovering it."³ In short, the epidemic

consisted of perhaps an increase of 200-300 deaths among heavy cocaine users due to an increase in the availability of cocaine.

During March 1985 congressional hearings conducted by then Senator Jeremiah Denton (Rep.-Ala.) for the Senate Subcommittee on Security and Terrorism, Acting Director of the Drug Enforcement Administration (DEA) John Lawn testified that:

Abuse of several of the more harmful drugs has stabilized according to the latest available data. The number of heroin users has stabilized at approximately one-half million, and the abuse of dangerous drugs has decreased by 12 percent. According to data presented by the National Institute on Drug Abuse in fiscal year 1984 young people in the United States continued what has become a 4-year decline in reported abuse of such drugs as marijuana, amphetamines, and barbiturates.

Lawn added that the decline in marijuana use did *not* indicate a shift to cocaine use and that overall, he believed "five years from now there will be fewer people using cocaine."⁴

Anatomy of a Propaganda Campaign

How did the notion of a drug epidemic propagate through the media? The methodology of the propagators is familiar. "Friendly" administration assets appeared on talk shows, wrote editorials, and testified before Congress. In turn, their statements were used by "grass roots" movements backed by the administration. In this aspect, the War on Drugs resembled other Reagan administration propaganda campaigns such as those of the "Yellow Rain" myth and the "Bulgarian Connection." (See sidebar.)

The anti-drug craze of the mid 1980s was in large part a recycling of a carefully managed campaign of the early 1970s, when President Nixon's War on Drugs was designed to bolster his law-and-order image before the 1972 election.⁵ The new campaign had a similar function in the 1986 elections. Indeed, the personnel involved in the 1970s were to a large degree simply remobilized; in many cases, "evidence" originally produced more than a decade before (and since contradicted) was dug up and recycled as "proof" of the epidemic.

The "Experts"

An examination of the experts employed in the latest drug war quickly centers on a group of scientists and bureaucrats who have lobbied against reforms of drug laws for nearly fifteen years. These "experts" form a mixed bag of former DEA officials and scientists—including some who conducted secret research for the CIA and Department of Defense.

One such expert is Peter Bensinger, a former head of the

* Richard Hatch is a research chemist, specializing in the propaganda of technological issues.

1. *Time*, October 6, 1986.

2. NIDA Statistical Series G, Number 17 (1986).

3. *Wall Street Journal*, October 3, 1986.

4. *Hearing before the Subcommittee on Security and Terrorism of the Committee on the Judiciary United States Senate*, DEA Oversight and Budget Authorization for Fiscal Year 1986, March 19, 1985; Serial No. J-99-9.

5. See *Agency of Fear* by Edward Jay Epstein for a rightwing perspective on this campaign. Many useful facts may be found in the book.

DEA. He left the DEA in an apparent dispute with President Reagan over a plan to cut its budget and formed a consulting firm to advise business on drug problems.⁶ At the height of the anti-drug campaign he appeared on *Meet the Press* the morning of Nancy Reagan's chat with the nation to claim that economic damage to the U.S. was \$230 billion and to urge children to turn in their parents.⁷

In addition to the "consultants to industry" like Bensinger a small group of scientists have lobbied against drugs, particularly marijuana, for the past fifteen years. Most of the more active ones appeared as witnesses in 1974 hearings before the Senate Internal Security Subcommittee (SISS) chaired by Sen. John Eastland.⁸ The subject was "The Marijuana-Hashish Epidemic and Its Impact on United States Security." These hearings bear significantly on the groups and personnel of the new war on drugs.

One witness at the hearing was Dr. Robert Heath, whose background is interesting. Since the 1950s, Heath has been studying the human brain; many of those years were spent



Dr. Robert Heath testing his "deep brain electrodes" at Tulane University, 1966. Credit: Associated Press.

6. Bensinger's departure from the DEA may have something to do with charges that he had used the agency for personal favors. *Washington Post*, April 17, 1981, p. C14.

7. Bensinger's dire economic figures have received much play in the media. He was featured in an August 22, 1983 *Newsweek* cover story, proclaiming that drugs, rather than international competition, was the bane of the U.S. auto industry. His figures in general are five to ten times higher than those of other experts.

8. For an idea of the scope of activities of SISS, see Frank Donner, *The Age of Surveillance* (New York: Knopf, 1980).

working for the CIA and U.S. Army.⁹ Heath was chairman of the Department of Psychiatry and Neurology at Tulane University in New Orleans from 1949 to 1981, one of several Army research centers at which 3,000 doses of LSD were given to about 1500 subjects in secret studies.¹⁰ When asked under oath by the chairman of the 1974 SISS hearing if there was any other work that he had done that would be relevant to his marijuana studies, Heath did not mention these earlier experiments. He also dabbled in questionable electroshock therapy and "reprogramming."¹⁰

Heath's main contribution to the anti-drug war was his claim that marijuana causes changes in deep brain waves in humans. But since he is the only person who has conducted such experiments, involving deep implantation of electrodes, his work cannot be confirmed.

Also testifying at the hearings, initially behind closed doors (because of his previous Pentagon work), was Dr. Hardin B. Jones. He said he had studied drug use in Southeast Asia "through the arrangements of Maj. General John K. Singlaub, then Deputy Assistant Secretary of Defense, Drug and Alcohol Abuse."¹² Singlaub, of course, is now most famous for his involvement in the World Anti-Communist League (WACL) and the Iran/contras scandal.

Jones did not limit himself to testimony on the health hazards of marijuana. He also presented his conspiratorial view that the New Left was promoting drug use as an attack on authority. He claimed as evidence of this plot, "files that I have brought here today and in my files at Berkeley, literally thousands of such items, culled from the underground press and leftist publications." He even hinted that it might be a communist plan, as the Communist Party had not strongly discouraged drug use.¹³

The Drug War Bible

These "experts" represent the group of anti-drug activists whose work helped provide the facade for many anti-decriminalization campaigns,¹⁴ including the latest. They pulled together with the government and the "private sector" parents groups in a major campaign. Peggy Mann's *Marijuana Alert*¹⁵ is the closest thing to a movement manual for this coalition.

Mann's book, with a foreword by Nancy Reagan, is a mixture of righteous indignation, supposed "health facts," and a manual for organization. Her "facts" stem largely from the experts who testified at the SISS hearings in 1974.¹⁶ Her

9. See Martin A. Lee and Bruce Shlain, *Acid Dreams* (New York: Grove Press, 1986), p. 86; *New York Times*, August 2, 1977.

10. *Clinical Investigation of EA1729 (LSD)*, Chemical Research and Development Labs, Eggedwood Arsenal, Maryland, Report No. 3074, May 1961.

11. See, Elliot Valenstein, *Brain Control: A Critical Examination of Brain Stimulation and Psychosurgery* (New York: John Wiley, 1973), pp. 175-77; and see, Ken Lawrence, "Drugs, Psychiatry, and Mind Control in Canada," in this issue.)

12. *Hearings*, op. cit., n. 4, p. 207.

13. *Ibid.*

14. Patrick Anderson, *High in America* (New York: Viking Press, 1981), p. 133.

15. Peggy Mann, *Marijuana Alert* (New York: McGraw Hill, 1985).

16. Fifty-nine of the 200 pages she devotes to health effects come directly from the 1974 testimony; 17 of the 20 civilian witnesses at the old hearing are cited. For a more accurate and current review of the health effects of marijuana, see, *Pharmacology Review*, Vol. 38, No. 1 (March 1986), which concludes: "Compared with other licit social drugs, such as alcohol, tobacco, and caffeine, marijuana does not pose greater risks."

chapter on supposed brain damage is centered on Heath's work; she does not mention his work for the Army and CIA.

Mann attributes most of the success of the "movement" to funding by ACTION, a government agency designed to promote "volunteerism," of three organizations: Families in Action (FIA), American Council for Drug Education (ACDE), and the Parents' Resource Institute for Drug Education (PRIDE). These three serve as information and networking organizations mostly for parents groups. PRIDE and ACDE distribute materials by Heath, Bensinger, and Jones.¹⁷

The three groups funded by ACTION all started when Thomas Pauken became head of ACTION in 1981. Pauken had been nominated to head both the domestic (VISTA) and foreign

(the Peace Corps) components of ACTION. Congressional outcry over his background in military intelligence in Vietnam caused the Peace Corps to be separated from ACTION and out of his control.¹⁸ Pauken had served in the Mekong Delta during Operation Phoenix. During this time he also prepared an analysis of the Hoa Hao religious sect (whose leaders were bought with CIA millions by Edward Lansdale) and North Vietnamese approaches to religious groups in South Vietnam—information which undoubtedly was put to operational use.¹⁹

18. See CAIB, Number 13 (July-August 1981), p. 53.

19. *Hearings before the Committee on Foreign Relations of the U.S. Senate, 97th Congress, First Session, April 21, 1981.* And see, Alfred McCoy, *The Politics of Heroin in Southeast Asia* (New York: Harper & Row, 1972), p. 123. Pauken was thanked for the usefulness of his reports by other elements of the

17. Mann, *op. cit.*, n. 15, p. 466.

Another "Bulgarian Connection" Sought

Back in April 1984, before he went into arms dealing with Iran on behalf of Israel and the National Security Council, the resourceful Michael Ledeen was accusing the Cubans and Sandinistas of "a vast drug- and arms-running network to finance their terrorists and guerrillas, flooding the United States with narcotics."

The Reagan administration of course bought the idea. In a Texas speech in June 1986, Vice-President George Bush said the White House was determined from now on to consider the drug traffic a danger to national security. This threat to the future of the United States was surely promoted with decisive aid from Marxist movements and countries, Bush claimed.

A month later, in July 1986, the U.S. sent six Black Hawk helicopters and 170 servicemen on a raid against "the sources" of the cocaine trade in Bolivia. Thus drugs joined terrorism as a pretext for armed intervention in foreign countries.

Meanwhile, Ledeen's ideas were, as usual, having a great success in Italy. Ledeen was one of the little disinformation group that promoted the famous "Bulgarian Connection" behind the shooting of the Pope. The drug idea was good for what the weekly *L'Espresso* in an August 3, 1986 article by Sandro Acciari called the "Bulgarian Connection number two."

L'Espresso reported that SISDE (Italian intelligence) chief Vincenzo Parisi had taken up the theme of drugs and terrorism at a November 12, 1985 Washington session of the Italy-U.S. committee to combat drugs and organized crime attended by Italian interior minister Oscar Luigi Scalfaro, attorney general Edwin Meese and U.S. Ambassador to Italy Maxwell Rabb. Parisi had pointed a finger of suspicion at Bulgaria and its import-export company Kintex, already the center of imaginative speculations in the case of the first Bulgarian Connection.

Italian investigations—and the Italian press—thrive on vaguely formulated general accusations. Acciari wrote that the Italian secret services had got involved in Allied collaboration on the basis of "a conviction that now seems widespread" and "suspicions of political connections and exploitation." Onward according to the famous Italian maxim, "If it's not true, it's still a good idea."

In June 1986, the Italian secret service delivered a report to the parliamentary anti-Mafia commission featuring a "political variable" supposedly conditioning gansterism. "The multinational and plurinational character of the drug traffic enables it to be a potential vehicle of destabilizing incursions piloted from 'outside,' with the goal of conditioning the autonomy and freedom of decision of particular societies."

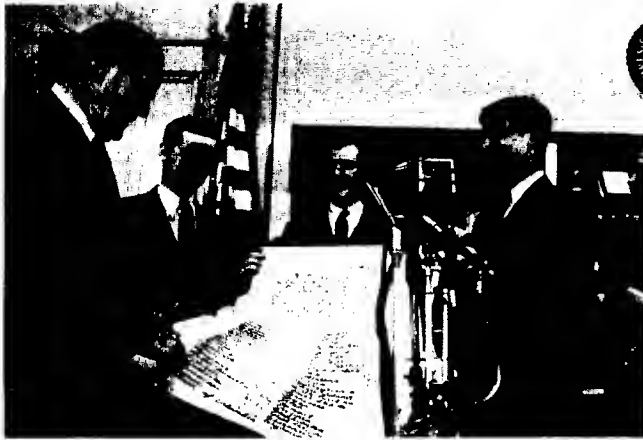
What does that mean? Never mind, in Italian it sounds impressive.

The Italian secret service report said that proposals made in the early 1970s for a voluntary U.N. fund to finance drug prevention directed especially at producer countries had not aroused Soviet enthusiasm. "The coldness shown by the Soviet Union toward such a project implied even then a more radical attitude," the Italian spooks concluded. For the eastern leaders, drug addiction "is a phenomenon that appears as the fruit of the 'degeneration' of the capitalist system. Such a position is enforced by a constant of Soviet foreign policy: Third Worldism. The Soviet leadership groups, in the framework of their own planetary strategy, seem to believe that a compact grouping of developing countries can exercise continuous pressure against United States hegemony."

This theorizing leads back to Bulgaria.

"The flow of arms from Bulgaria destined to Middle East terrorist groups is interwoven with another illegal flow which involves the Balkan country. According to the results of numerous investigations, Bulgaria was for a certain period one of the privileged channels for transformation of heroin: the so-called 'Balkan way' may have allowed the transfer of drugs into Europe by an itinerary which called for a first stop in Turkey and a second in Yugoslavia, where the international trucks would have brought the goods for the European and U.S. markets."

Romeo Dalla Chiesa, president of the Banco di Roma, testified July 23, 1986 at the Palermo Mafia trial that just before his assassination, his brother General Carlo Alberto Dalla Chiesa had been investigating the arms trade whose huge profits were invested in drugs. He mentioned Ledeen's sometime colleague Adnan Kashoggi, the famous Saudi Arabian arms dealer and big spender.



Tom Pauken (right) joins presentation to Vice-President Humphrey of petition in support of Vietnam War, 1966.

Credit: Associated Press.

A frequent but unsuccessful candidate for office in Texas, Pauken has been active in far right politics for years. He has passed out lists of VISTA projects he deems "pro-leftist" at meetings of the rightist Kingston Coalition and he has enlisted the aid of rightwing evangelicals in his campaigns.²⁰

The biggest coalition of parents groups is the National Federation of Parents for a Drug-Free Youth (NFP) headed by Joyce Nalepka. Nalepka received direct support from Nancy Reagan, who has made many appearances for the NFP. Nalepka headed the NFP when it formed in 1984 to do full time lobbying for such things as the use of the military in drug enforcement. Pauken's ACTION has worked with the NFP to help fund and organize parents' groups.

Even before Pauken was installed at ACTION, the parent organizing campaign got a big push in 1979 with the formation of the state-funded Texans' War on Drugs (TWOD). The program was paralleled by a private Texans' War on Drugs Committee. The state group, allegedly non-partisan, was headed by rightwing millionaire H. Ross Perot who later provided Oliver North with ramson money for William Buckley, the CIA station chief held hostage in Lebanon.

Perot and his business partner Tom Marquez, chose retired Air Force general Robinson Risner as executive director of their anti-drug program in Texas. They organized hundreds of workshops, conferences, and parents groups as well as 33 law enforcement seminars. The Texas Plan became a laboratory model for action in other states.

The propaganda program was a success. Headed by former military intelligence operative Pauken and assisted by powerful clandestine U.S. assets like Perot, the psychological

intelligence community.

²⁰ See, Ronald Brownstein and Nina Easton, *Reagan's Ruling Class* (New York: Pantheon, 1983), p. 674. The Kingston Coalition is associated with Paul Weyrich, a key Christian Right activist. See, Flo Conway and Jim Siegelman, *Holy Terror* (New York: Dell, 1982), p. 344; see also *CAIB*, Number 27 (Spring 1987), generally. Pauken's work in mobilizing parents groups against drugs fits well with Weyrich's theory that "cultural conservatism" is a key to their success. Or as Conway and Siegelman describe it, "covert propaganda: the use of indirect methods to recruit new followers and train them in strict obedience to movement leaders." *Op. cit.*, p. 341. As head of ACTION, Pauken helped put together at least one White House briefing on drugs for churches and other "private sector" organizations.

warfare project produced in the populace an irrational fear of a drug epidemic. By late 1986, polls showed that the saturation effect seen for the 1985 terrorism psywar campaign had been obtained for the drug "crisis." Although drug abuse had been roughly constant, indeed somewhat on the decline, one poll found a fifth of the respondents rating it the number one concern.²¹ A *New York Times*/CBS poll showed near unanimous support for urine testing.²² The poll also claimed that "the only comparable spurt in concern over an issue is the record of terrorism" in April 1986.²³

What Did the Propaganda Buy?

The domestic fallout from the "drug crisis" came largely in the form of attacks on civil liberties justified by the highly exaggerated epidemic. Congressional legislation nearly passed that would have gutted the Fourth Amendment and injected the military further into drug law enforcement; the death penalty for certain drug crimes was instituted. On the enforcement side, drug testing, electronic surveillance, and agent infiltration and "sting" operations have increased greatly over the course of the campaign. While the drug testing campaign has received the biggest media attention, the other changes have gone mostly unnoticed.

Workplace drug testing programs (and employee searches) raise serious constitutional questions, since the tests are frequently unreliable,²⁴ subject to corruption, and set a dangerous precedent for the use of new technologies for surveillance.²⁵

Political uses of high-tech testing will probably not stay limited to the workplace. Even home drug-testing for panicked parents is now available to test children.²⁶ Saliva tests for marijuana already exist; their manufacturers hope that police will start using them like the alcohol "Breathalyzer" to spot check suspects.

Already, utility company monitoring has been used to locate electrically lit marijuana gardens. In Guatemala, Israeli-trained security forces use the same technique to find "suspicious" use of electricity—perhaps a printing press or workshop.²⁷ Sophisticated forms of long distance telephone tapping, known as "slave taps," have also been used in the war on drugs.²⁸

Other electronic surveillance of the populace has also in-

21. *Wall Street Journal*, September 25, 1986.

22. *New York Times*, September 2, 1986. This poll was severely criticized by Lloyd Johnston of the University of Michigan Survey Research Center for violating "several of the canons of scientific survey research." *Ibid.*, September 24, 1986.

23. *New York Times*, September 2, 1986.

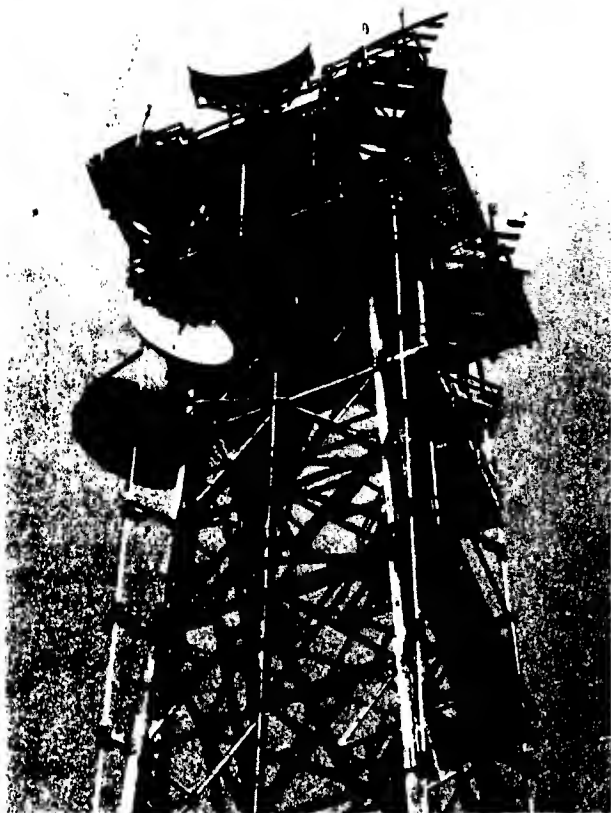
24. Blind testing of drug-testing laboratories found that for most drugs less than half of the 13 labs checked could achieve an 80 percent accuracy level. *New York Times*, September 16, 1986.

25. As Peter Bensinger's campaign suggests, scapegoating the workers may overshadow real industry problems. A good example was the media treatment of a fatal January 1987 Conrail train crash. Within hours of the crash the media was asking if drugs were involved. The crew was tested, and two had traces of marijuana in their blood and urine. After extensive media coverage of the test results, Secretary of Transportation Elizabeth Dole called for wider drug tests for transportation workers, especially air traffic controllers. *Wall Street Journal*, January 22, 1987. Later investigations found that the whistle designed to alert the Conrail engineer to slow down had been disabled. The Conrail train passed several warnings before its crash. *New York Times*, February 18, 1987, p. 13. Later, sufficiently serious irregularities showed up at the lab that did the tests to force its closure.

26. *Oakland Tribune*, June 28, 1986.

27. *Israeli Foreign Affairs*, March 1985, p. 1.

28. *Newark Star-Ledger*, December 8, 1985.



DEA used CIA personnel to "help us prepare a better product." In fact, "DEA produces both strategic and tactical/operational intelligence. Of the total strategic product approximately 25 percent is provided by the CIA."³² And, as noted above, the DEA also provided agents to Oliver North's NSC covert actions.

Conclusion

The large increases in drug intelligence activities by the Reagan administration are particularly frightening, given the unfolding Iran/contras revelations of illegal domestic political activities. The very agencies included in the war on drugs—the FBI, the DEA, and the CIA—are also charged with serious violations of U.S. laws, some related to drug trafficking. The political uses of a "drug war" were summed up back in 1975 by Dr. Louis "Jolly" West, who headed covert experiments with LSD and other mind control methods for the CIA:

The role of drugs in the exercise of political control is also coming under increasing discussion. Control can be imposed either through prohibition or supply. The total or partial prohibition of drugs gives government considerable leverage for other types of control. An example would be the selective application of drug laws...against selected components of the population, such as members of certain minority groups or political organizations.³³ ●

32. Hearings of the Senate Subcommittee on Security and Terrorism, J. 98-8, February 23, 1983.

33. R. K. Sigal and L. J. West, eds., *Hallucinations: Behavior, Experience, and Theory* (New York: John Wiley & Sons, 1975).

creased greatly over the past several years. The reorganization of the intelligence community is the crucial feature of this increase. In 1981, the DEA and the FBI were given joint jurisdiction over drug enforcement. Over the next few years, as the number of joint cases escalated, related electronic surveillance increased by almost 300 percent. By 1984, DEA intelligence exchange agreements had been reached with all 50 state police forces to give them access to data culled by the El Paso Intelligence Center, which processes hundreds of thousands of requests annually.²⁹

Use of agents and informants has also expanded. Attorney General Edwin Meese proposed that employers hire agents to spy on workers in parking lots, locker rooms, and even nearby bars; his recommendations were based on the advice of Peter Bensinger.³⁰ Hopefully, Meese will not try to implement other more extreme practices accepted by Bensinger when he headed the DEA. Referring to torture in Mexico by the Mexican Federal Judicial Police, Bensinger is quoted as saying that U.S. DEA officials "leave immediately when the torture begins," and then get their answers after the Mexican police are finished with the "interrogation."³¹

The DEA reorganization also dictated increased cooperation with other intelligence agencies. All field offices of the FBI and DEA were ordered in 1982 by then Attorney General William French Smith to set up liaison agents with each other. FBI narcotics investigations increased from 100 to 1,000. The

29. Hearings of the Senate Subcommittee on Security and Terrorism, J. 99-9, March 19, 1985, p. 22.

30. *New York Times*, October 31, 1986.

31. Thomas Plate and Andrea Darvi, *Secret Police* (London: Sphere Books, 1983), p. 17.

Recommended Reading

A fine and comprehensive history of the CIA's covert operations around the world has recently been published. *The CIA, A Forgotten History: U.S. Global Interventions Since World War 2*, by William Blum, describes and analyzes American interventions in more than 50 countries, from China in the 1940s to Nicaragua in the 1980s, each account pieced together from many sources, thoroughly documented and indexed.

This 428-page paperback is available from Humanities Press International, 171 First Avenue, Atlantic Highlands, NJ 07716 (phone orders: 800-221-3845), for \$15.00. We recommend it to our readers. ●

Dirty Tricks Database

For those of you who use computers, an invaluable database is available. It comprises an index of date and page citations to appearances of the names of more than 20,000 individuals and organizations in hundreds of books and thousands of newspaper and magazine clippings, all dealing with the CIA, the FBI, and U.S. government oppression in general. It works with hard disk or dual floppy machines, MS-DOS or CP/M. It is available for \$35.00 (or write for details) from Micro Associates, P.O. Box 3569, Arlington, VA 22205. ●

Lest We Forget

By Louis Wolf

When William Joseph Casey's longtime friend and spiritual advisor, Bishop John McGann, stated in his May 10th funeral homily that "ethical questions" concerning U.S. support of the contras and on nuclear issues were "incomprehensible" to Casey, he voiced one of the most profound understatements of the Reagan era. McGann's criticism, which reflected the views of the Catholic Bishops Conference, nonetheless startled the 300 mourners, including President and Mrs. Reagan and *contra* leader Adolfo Calero.

If Reagan owes his presidency to one person, it is Casey. In the summer of 1980, the Reagan presidential campaign was in disarray and riddled with administrative and financial problems. Casey was brought in to replace John Sears as campaign manager and Reagan beat Carter.

During World War II he was commissioned to the Office of Strategic Services (OSS) where he oversaw sabotage operations in Germany and France under "Wild Bill" Donovan. After the war, he was part of a small circle that helped conceive and establish the CIA despite President Harry Truman's avowed distrust of the idea. He also lent his OSS training to the Marshall Plan, the U.S. postwar strategy of undermining Western European socialist and communist trade unions and political leaders.

From 1950-71, Casey worked as a Wall Street lawyer, tax-shelter specialist, and author taking credit for over 30 publications such as *How to Raise Money to Make Money* and *How to Build and Preserve Executive Wealth*. In 1964, Casey faced a plagiarism lawsuit over 20 pages of text by someone else that appeared in one of his tax manuals. In court, he swore at the author's lawyer and threatened to "kick your ass out of here." Both the judge and Casey said later that there was indeed plagiarism, but Casey sought to blame someone else and his lawyers obtained a seal forever on the trial record. During the 1960s in at least two other known business ventures Casey earned a reputation for engaging in highly deceptive and questionable business practices. Not surprisingly, he became a millionaire.

Casey returned to government service when Richard Nixon made him head of the Securities and Exchange Commission (SEC) in 1971, and later undersecretary of state for economic affairs and then Export-Import Bank chief. Sen. William Proxmire (Dem.-Wis.) voted against the SEC appointment saying Casey "has cut corners when he considered it to be necessary for business profits. He has wheeled and dealt his way into a personal fortune, sometimes at the expense of his clients."

When ITT offered \$400,000 to Nixon's 1972 reelection campaign as a payoff to prevent a government antitrust suit, Casey abruptly transferred 34 boxes of confidential ITT documents out of the SEC building and out of reach of congressional investigators.

Casey boasted of his many postwar intelligence-related connections before Reagan made him Director of Central Intelligence in 1980. He was founder-director in 1962 of the National Strategy Information Center in Washington, a right-wing thinktank that performs classified research for the CIA and Pentagon. From 1966-71, he served as president and ex-

ecutive committee member of the International Rescue Committee, which for over three decades had working relations with the CIA. In 1976, he was appointed to President Gerald Ford's Foreign Intelligence Advisory Board.

His far-flung business interests, including stock holdings in companies with secret CIA contracts as well as his known reluctance to place his investments in a blind trust, led the Senate Intelligence Committee in 1981 to conduct an inquiry into his nomination. Some Washington observers believed the investigation would lead to his ouster but, with encouragement from the White House, the Committee upheld the Casey appointment, although they dryly stated that "he was not unfit to serve."

Because of his role in helping bring Reagan to the White House and their close personal and ideological friendship, Casey was the first CIA director to be made a member of the Cabinet. His access to the Oval Office was unequalled among Reagan's closest advisers. This together with a mutual fear of communism and a shared penchant for secrecy, became the basis for the biggest expansion of CIA covert activities and funding in the Agency's history.

Between 1981 and 1986, Casey finagled 25 to 35 percent annual budget increases for the CIA, far exceeding even the Pentagon's quantum increases. Under Casey, the CIA initiated more than 50 major covert operations on every continent. By 1984, there were some twenty operations under way in Africa alone. At present, there are major CIA operations under way in Nicaragua, El Salvador, Honduras, Guatemala, Costa Rica, Suriname, Mexico, Afghanistan, Iran, Ethiopia, Libya, Chad, Lebanon, Seychelles, South Africa, Mozambique, Angola, Zaire, Philippines, New Zealand, Vanuatu, Kampuchea, Vietnam, Laos, and others.

Casey was so enamored of covert actions and paramilitary operations that he personally took charge of several of the Agency's "secret" wars. "Retired" Gen. Richard Secord testified in the Iran/*contra* hearings that Casey took a deep personal interest in keeping the *contras* supplied even though the Boland amendment prohibited such aid. Secord also stated that Casey provided a bevy of CIA lawyers who assured him the aid was "legal." A government official observed: "They [the CIA] built in deniability...with malice aforethought," adding that, with regard to *contra* aid, Casey and his key aides often worked "off the books." Nevertheless, Casey and Lt. Col. Oliver North were actively in touch with the "private" operators including "retired" Gen. John Singlaub of the World Anti-Communist League, Andy Messing of the National Defense Council, longtime Reagan supporter Joseph Coors, and others.

Casey politicized intelligence analysis so much that he created a great deal of ill will among his own ranks. He also alienated members of Congress by his contemptuous behavior and refusal to give a straight answer when testifying (except, of course, when he was asking for funding).

Now that Casey is dead, it is likely that he will take much of the heat from the Iran/*contra* scandal. If, in the end, Ronald Reagan is not impeached, he will have yet another "victory" to thank Bill Casey for.

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The CIA and the Mad Scientist:

Drugs, Psychiatry, and Mind Control in Canada

By Ken Lawrence

In May 1986, the Canadian Department of Justice published a report¹ intended to excuse the Canadian government's support of the CIA's most notorious, barbarous mind control experiment, Operation MKULTRA, and thus to immunize the government against legal liability and moral responsibility for damages to the victims.²

The subject of investigator George Cooper's thick *Opinion* received a bit of attention in the U.S. eight years ago in John Marks's detailed look at MKULTRA, *The Search for the "Manchurian Candidate"*.³

From 1943 to 1964 the director of the Allan Memorial Institute (AMI) was Dr. D. Ewen Cameron, one of the most prominent psychiatrists in North America. AMI is the psychiatric wing of Royal Victoria Hospital, the teaching hospital for McGill University in Montreal. The Scottish-born Cameron was a naturalized U.S. citizen whose permanent residence was Lake Placid, New York.

Cameron is best known for two experimental techniques, which he called "deprogramming" and "psychic driving." In his "deprogramming" procedures, Cameron subjected his patients to heavy doses of drugs combined with electric shock treatment, technically known as Electro-Convulsive Therapy (ECT). Although thoroughly discredited today, ECT was widely practiced in the 1950s and 1960s, but not as Cameron practiced it. "Cameron's deprogramming," wrote John Marks,

normally started with 15 to 30 days of "sleep therapy." As the name implies, the patient slept almost the whole day and night. According to a doctor at the hospital who used administer what he calls the "sleep cocktail," a staff member woke up the patient three times a day for medication that consisted of 100 mg. Thorazine, 100 mg. Nembutal, 100

mg. Seconal, 150 mg. Veronal, and 10 mg. Phenergan. Another staff doctor would also awaken the patient two or sometimes three times daily for electroshock treatments. This doctor and his assistant wheeled a portable machine into the "sleep room" and gave the subject a local anesthetic and muscle relaxant, so as not to cause damage with the convulsions that were to come. After attaching electrodes soaked in saline solution, the attendant held the patient down and the doctor turned on the current. In standard, professional electroshock, doctors gave the subject a single dose of 110 volts lasting a fraction of a second, once a day or every other day. By contrast, Cameron used a form 20 to 40 times more intense, two or three times daily, with the power turned up to 150 volts. Named the "Page-Russell" method after its British originators, this technique featured an initial one-second shock, which caused a major convulsion, and then five to nine additional shocks in the middle of the primary and follow-on convulsions. Even Drs. Page and Russell limited their treatments to once a day, and they always stopped as soon as their patients showed "pronounced confusion" and became "faulty in habits." Cameron, however, welcomed this kind of impairment as a sign the treatment was taking effect and plowed ahead through his routine.

The frequent screams of patients that echoed through the hospital did not deter Cameron or most of his associates in their attempts to "deprogram" their subjects completely. Other hospital patients report being petrified by the "sleep rooms," where the treatment took place, and they would usually creep down the opposite side of the hall.⁴

Sometimes Cameron would use a different method, up to 35 days of prolonged "sensory isolation" in a sealed environment (a large box) deprived of all sensory input—eyes covered, ears either plugged or exposed to a constant monotone, padding to prevent touching, and with no ambient smells. Sometimes he would combine drug-induced sleep, ECT, and sensory isolation. These constituted the "deprogramming" phase of the treatment. "At the end of up to 30 days of treatment—up to 60 treatments at the rate of two per day—the patient's mind would be more or less in a childlike and unconcerned state."⁵

Cameron would then attempt to reprogram his patients with his "psychic driving" techniques, which consisted of messages played on tape recorders, repeated thousands of times

1. *Opinion of George Cooper, Q.C., Regarding Canadian Government Funding of the Allan Memorial Institute in the 1950s and 1960s* (Ottawa: Communications and Public Affairs, Department of Justice, 1986).

2. For a good overview of the history of Canadian intelligence since World War II, see, James Littleton, *Target Nation: Canada and the Western Intelligence Network* (Toronto: Lester & Orphen Dennys, 1986). And, for the Canadian counterpart to the Rockefeller Commission Report, the Pike Commission Report, and the Church Committee Reports, see, Commission of Inquiry Concerning Certain Activities of the Royal Canadian Mounted Police (McDonald Commission), *First Report: Security and Information* (October 9, 1979); *Second Report: Freedom and Security Under the Law*, Volumes 1 and 2 (August 1981); and *Third Report: Certain R.C.M.P. Activities and the Question of Governmental Knowledge* (August 1981) (Hull, Ont.: Canadian Government Publishing Center, 1979-81).

3. John Marks, *The Search for the "Manchurian Candidate": The CIA and Mind Control* (New York: Times Books, 1979).

4. *Ibid.*, pp. 134-35.

5. Cooper, *op. cit.*, n. 1, p. 17.



Looking, appropriately enough, like a grade-B horror movie set, the Allan Memorial Institute, Montreal, Canada. Credit: David Laforge.

Cameron's Life

Donald Ewen Cameron was born in 1901 near Glasgow, Scotland. After graduating from the University of Glasgow, he held a number of positions as resident physician or surgeon at various hospitals.

He studied psychological medicine at the University of London, then studied and practiced psychiatry in the United States, Switzerland, and Canada. He became a U.S. citizen, but performed his life's work in Montreal, where he arrived in 1943 to chair the psychiatry department of McGill University and to become the founding director of the Allan Memorial Institute.

In 1952 Cameron was elected chairman of the American Psychiatric Association and later became the founding chairman of the World Psychiatric Association. He was one of the most prominent psychiatrists in North America until his death in 1967.

A new biography by Don Gillmor, *I Swear By Apollo: Dr. Ewen Cameron and the CIA-Brainwashing Experiments* (Montreal: Eden Press, 1987), attempts to evaluate Cameron's career, measuring his work by the standards of the Oath of Hippocrates, from which the book's title is taken, and the Nuremberg Code, which Cameron helped to promulgate.

In the end, Gillmor concludes that Cameron's work was "unethical," but he argues that Cameron's stern, Calvinist upbringing, his driving ambition, and his megalomania drove him inevitably to experimenting with extreme forms of mind manipulation.

Gillmor's criticisms of the CIA's role is even gentler: "The CIA's behavior control program, which had arisen from justifiable Cold Warfare in 1949, evolved into a bureaucratic force within the CIA that, by the mid-1950s, stretched the limits of ethical experimentation."

to the patients through pillow speakers or headphones. Usually ten days of "negative signals," stressing the patient's presumed inadequacies, would be followed by ten days of "positive" messages, encouraging the desired behavior. "Psychic driving would take place for continuous periods of up to sixteen hours per day. Taken together, the positive and negative messages might be repeated up to half a million times."⁶

In several ways Cameron's research paralleled the goals of the CIA's Technical Services Staff Chemical Division research and development program:

6. Material which will render the induction of hypnosis easier or otherwise enhance its usefulness....
8. Materials and physical methods which will produce amnesia for events preceding and during their use....
12. Substances which alter personality structure in such a way that the tendency of the recipient to become dependent upon another person is enhanced.⁷

According to a Canadian television program, "Fifth Estate," CIA psychologist John Gettinger instructed a CIA representative to telephone Cameron at AMI and invite him to apply to the Society for the Investigation of Human Ecology (SIHE), a CIA front, for funding, informing him that the funds would actually be provided by the CIA.

From 1957 to 1962 the CIA supported Cameron's work with grants totaling \$84,820, channeled to him through SIHE. The "psychic driving" research was code-named MKULTRA Subproject 38.

In his proposal to the CIA front, Cameron also said he would test curare, the South American arrow poison which, when liberally applied, kills by paralyzing internal body functions. In nonlethal doses, curare causes a limited paralysis which blocks but does not stop these functions. According to his papers, some of which wound up in the archives of the American Psychiatric Association, Cameron injected his patients with curare in conjunction with sensory deprivation, presumably to immobilize them further. Cameron also tested LSD in combination with psychic driving and other techniques.⁸

Not surprisingly, the portrayal of Cameron in the Canadian press has been that of a "mad scientist" at work, financed by the CIA. George Cooper's *Opinion* seeks to blunt that view by conceding all the things that Cameron did, but then rationalizing them away. He first acknowledges, "Even when judged by the knowledge and standards of the day, it is seen that the theoretical foundation for Dr. Cameron's work was very weak," and that "most psychiatrists would conclude that de-patterning was a failure not only in terms of its efficacy as a medical treatment, but also that it represented a level of assault on the brain that was not justifiable even by the standards of the time and even in light of the rather rudimentary level of scientific and medical knowledge of those days compared to

6. *Ibid.*, p. 20.

7. Untitled CIA memorandum, 5 May 1955, in Joint Hearing Before the Select Committee on Intelligence and the Subcommittee on Health and Scientific Research of the Committee on Human Resources, U.S. Senate, August 3, 1977, *Project MKULTRA, the CIA's Program of Research in Behavioral Modification* (Washington: Government Printing Office, 1977).

8. Marks, *op. cit.*, n. 3, p. 139.

today."⁹ He even says, "Dr. Cameron was not a good scientist."¹⁰

But Cooper then advances every hypothesis, no matter how farfetched, that might tend to exonerate Cameron by planting doubt of his guilt in someone's mind. First he challenges the report that Cameron had been a witting CIA collaborator, but then dodges in a different direction:

Finally, it may be asked whether it makes any difference even if Cameron did know that the CIA was behind the SIHE's funding. In the cold war climate of the late 1950s,

9. Cooper, *op. cit.*, n. 1, p. 27.

10. *Ibid.*, p. 63.

accepting a research grant from the secret service agency of a friendly country would not carry the sinister overtones it does today. The CIA was not as much tarred with the "dirty tricks" brush as it is today. If therefore Cameron did know of CIA involvement, that fact standing alone does not seem to me to be proof of ill intent.¹¹

Aside from the obvious fact the CIA's mission is not the treatment of mental illness, a 1954 MKULTRA document itself refutes this theory:

Experience has shown that qualified, competent individuals

11. *Ibid.*, p. 111.

Current Canadian Intelligence-Related Psychology Research

The Canadian head doctor whose work is most celebrated among U.S. intelligence professionals today isn't a diabolical fiend, but rather a professor who does his best to solve the psychological problems of RCMP undercover agents.

Dr. Michel Girodo of the University of Ottawa's Psychology Department doesn't have an easy task, because the nature of his subjects' work creates disorders unknown to ordinary people, even ordinary neurotics.

After a five-year study of 270 undercover agents, Girodo reported that they had been better adjusted emotionally than most ordinary people when they started out, but after they had been working undercover for a time, they tended to be even more neurotic than the typical outpatients at psychiatric clinics, and subsequent to leaving undercover work they remained more likely to be mentally disturbed than people generally.

In a spate of published and unpublished studies, Girodo has examined the personality changes exhibited by undercover agents: changes in values, principles, and personal identity; an exaggerated sense of self-importance and a lack of interest in regular law enforcement duties; poor impulse control with conduct and discipline problems; paranoid reactions; and post-traumatic stress reactions. Probably most worrisome to Girodo's employers are those agents who come to identify with their targets.

Blinded by his managerial professionalism, Girodo never pauses to wonder whether maladies like these should logically lead one to conclude that something is fundamentally wrong with undercover police spying. Instead, the assumption that agents must practice entrapment, deception, and personal betrayal stands as the essential unstated backdrop to the entire *oeuvre*.

Girodo therefore, just like his MKULTRA forebears, does not trifle with the ethical issues. When the time comes the North American governments will not have any difficulty finding doctors who will specialize in studying and treating the problems of concentration camp guards.

Girodo proposed treatments for the afflictions of undercover agents, but these have relatively low expectations,

and thus the failure at each stage is anticipated in a treatment tailored to a later stage.

Primary prevention is a psychological screening and selection process which, interestingly, is based on the discovery that the very traits which make for effectiveness in an undercover agent also render the agent susceptible to psychological troubles. The key, therefore, is first to screen out psychologically vulnerable subjects, if possible, and then to select for aptitude.

Secondary prevention assumes that for a sizable number of undercover agents the screening process will not prevent serious mental problems, so the next task is to train both the agents and their handlers to anticipate and recognize the onset of distress, and some lay methods to cope with it.

Since these are often destined not to work, *tertiary prevention* consists of "crisis intervention treatments" which "take place in the field location and usually last 1 to 3 days." Not only does the agent have to be able to report surreptitiously to his police superiors, now he has to learn how to slip away for a few days with the shrink while not drawing suspicion.

Since Girodo's methods treat only the symptoms and not the causes of the ailments, finding cures is not likely. Nevertheless, with the unleashing of secret surveillance and covert action by both U.S. and Canadian intelligence agencies, psychologists of his ilk are obviously in on the ground floor of a growth industry.

What will happen if, twenty-five or thirty years from now, some of today's undercover agents, or their victims, or both, sue for damages, arguing that the Canadian government and its U.S. patrons should have known that they were destined by the nature of undercover work to develop "serious psychological dysfunctions"? (The phrase in quotes is taken from a U.S. Drug Enforcement Administration summary of Girodo's findings.)

No problem. Some distinguished lawyer will investigate and report that the research was not improper given the practices, the standards, the level of knowledge, and the climate of the time in which it was carried out. ●



Dr. D. Ewen Cameron (left) receiving Canadian Mental Health Award, 1966. Credit: *The Gazette*.

CIA Mind Research Today

Just as technology has advanced over the past 35 years from bulky vacuum tubes to microchips, the MKULTRA mob has gone hi-tech. The laboratories no longer teem with tormented victims of mind control experiments gone wild.

Today CIA recruiters tread the groves of academe in search of researchers skilled in methods of "detecting deception," offering big money to universities that agree to host the Agency's experiments in "evoked brain potentials." (Potential is used in the electrical sense, meaning voltage.)

These studies are searching for methods to supplant polygraphs, which are notoriously unreliable lie detectors, and voice stress analysis, which is a proven fraud. Evoked potential studies measure and analyze brain wave responses that result from different stimuli.

Using computers the CIA hopes to develop these techniques into methods of mind reading and, eventually, mind programming or reprogramming. McGill's mad scientist would certainly be impressed with how far things have come since the days of "depatterning" and "psychic driving." ●

in the field of physiological, psychiatric and other biological sciences are very reluctant to enter into signed agreements of any sort which would connect them with this activity since such connection might seriously jeopardize their professional reputations.¹²

Cooper concluded that "Cameron's research was not improper given the practices, the standards, the level of knowledge, and the climate of the time in which it was carried out."¹³

Then comes the sleight of hand, the invisible prop to support the verdict. Cooper attaches a list of 53 appendices which appear to provide a comprehensive survey of Cameron's career from every conceivable viewpoint, yet only three are included in the published report—the opinions of three prominent Canadian psychiatrists, all of whom concur with Cooper's judgment. On the other hand, some of the deleted appendix material argues persuasively for a less charitable estimate of Cameron's work. The pertinent chapter from John Marks's book is numbered Appendix 46. One significant passage reads:

Dr. Donald Hebb, who headed McGill's psychology department at the time Cameron was in charge of psychiatry, minces no words when asked specifically about psychic driving. "That was an awful set of ideas Cameron was working with. It called for no intellectual respect. If you actually look at what he was doing and what he wrote, it would make you laugh. If I had a graduate student who talked like that, I'd throw him out." Warming to his subject, Hebb continues: "Look, Cameron was no good as a researcher.... He was eminent because of politics."¹⁴

Hebb died in August of 1985, saving Cooper the trouble of having to explain away his testimony.

Dr. Osmond Solandt, who chaired Canada's Defense Research Board from 1946 to 1957, told Cooper he had been unaware that the CIA had funded Cameron's work, and that had he known he would have disapproved of it as a violation of an unwritten understanding between the two governments. Cooper did not reflect on why the CIA would have violated its agreement with the Canadian government; to have done so would have called into question all of his essential findings. In 1976 the Church Committee noted that some of the CIA's drug-related research was conducted in foreign countries specifically in order to do things that were forbidden by U.S. law.¹⁵

D. Ewen Cameron retired in 1964. His successor as director of AMI, Dr. Robert A. Cleghorn, reviewed his work and ordered it halted. Cleghorn's private papers describe Cameron's research as "therapy gone wild."¹⁶ Cameron died in 1967. Twenty years later his victims are still fighting for redress, while the Canadian government is still trenchantly battling to shield itself and the CIA from blame. ●

12. CIA memorandum, "Subproject 35—PROJECT MKULTRA," 22 December 1954, in Joint Hearing, *op. cit.*, n. 7, p. 134.

13. Cooper, *op. cit.*, n. 1, pp. 85-86.

14. Marks, *op. cit.*, n. 3, p. 137.

15. Final Report of the Select Committee to Study Governmental Operations with respect to Intelligence Activities, U.S. Senate, April 26, 1976, *Book 1. Foreign and Military Intelligence* (Washington: Government Printing Office, 1976), p. 421.

16. Cooper, *op. cit.*, n. 1, p. 80.

Precedents for AIDS?

Chemical-Biological Warfare, Medical Experiments, and Population Control

By Robert Lederer*

Could AIDS be the result of accidental or purposeful biological intervention by the U.S. government against Third World nations, North American gay men, or intravenous (IV) drug users? A look at past and present practices suggests ample precedents. U.S. history is replete with efforts to inflict disease and death on Third World people, both inside and outside U.S. borders, through chemical and biological warfare (CBW), medical experiments, and population control. And despite an alleged "ban" on development of CBW weapons since 1969, there is also ample evidence that such programs have continued, incorporating the latest techniques in genetic engineering. In addition, the U.S. military has never shown any compunctions about testing CBW techniques on the general population in this country.

Chemical and Biological Warfare: Some History

Chemical warfare is the use of chemicals to kill, incapacitate or harm humans, animals or plants; *biological warfare* is the use of disease-causing germs to do the same thing. CBW is simply a further extension of other military, economic and political measures directed against the peoples of "enemy" nations.

U.S. CBW has been used primarily for counterinsurgency operations against Third World peoples struggling for self-determination, and destabilization of Third World governments which have thwarted U.S. domination. During the World Wars, CBW was also directed against U.S. adversaries. Following are some highlights of major U.S. CBW attacks on other nations:¹

Native American Nations: The first recorded instance of U.S. biological warfare was in 1763, when white colonial settlers gave smallpox-infected blankets to Native Americans who sought friendly relations. Many died as a result. This tactic was repeated during the "Trail of Tears" of the 1800s.

Germany and Japan: In World War I, the U.S. joined all the warring parties in using poisonous gases, although to an even greater degree than the others. In World War II, U.S. contingency plans for massive use of CBW against Germany and Japan were avoided by a matter of weeks, due to the defeat of the Axis powers. However, there is strong evidence of U.S. use of anti-crop warfare against its two major adversaries.

North Korea: In the Korean War (1950-53), the first modern

U.S. counterinsurgency war, no such limitations were employed. According to an international investigating commission, the U.S. used an array of germ weapons against the Democratic People's Republic of (North) Korea: "feathers infected with anthrax; lice, fleas and mosquitoes dosed with plague and yellow fever; diseased rodents; and various implements contaminated with deadly microbes—toilet paper, envelopes and the ink in fountain pens."²

Indochina: In the war against Indochina, U.S. CBW reached its zenith. It was the most massive chemical war in history. Seeking to destroy crops supporting the popular guerrilla movements, the U.S. aerially sprayed 55 million kilograms of defoliants, primarily Agent Orange, on the nations of Indochina. As a result, the ecology of massive areas was destroyed, millions of people were poisoned, many developed cancer, some died, and the next generation suffered a horrendous rate of birth defects. Among the victims were many U.S. troops present in sprayed areas. (See "Theory #2: Dioxin," in the accompanying article.) In addition, CS gas, an anti-personnel gas, was massively used to force people out of enclosed areas. It often directly killed or maimed its targets.

Cuba: Since its 1959 revolution, Cuba has been a prime target of U.S. military, economic and political attacks.³ In the 1960s, an "anti-crop warfare" program was carried out. In 1971, the CIA infected Cuban pigs with African Swine Fever, a deadly disease; Cuban authorities had to slaughter the entire pig population to stop the disease's spread. (See "Theory #4: African Swine Fever Virus," in accompanying article.) A second such epidemic in 1980, with equally devastating consequences, was of unknown but suspicious origins. That was the same year that blue mold decimated the tobacco harvest and a damaging rust disease hit the sugar cane crop. *The Nation* called this "a conjunction of plagues that would lead people less paranoid about the U.S. than the Cubans to wonder whether human hands had played a role in these natural disasters." The next year, an epidemic of dengue hemorrhagic fever—a painful mosquito-borne disease involving bone-breaking pain, flu symptoms, internal bleeding and shock—struck 300,000 Cubans and claimed 158 lives (including 101 children). A *CAIB* investigation produced strong evidence that the CIA released dengue-infected mosquitoes on the

2. In 1958, the Eisenhower administration pressed sedition charges against three North Americans who had published the germ warfare charges in *China Monthly Review*, John W. Powell, Sylvia Powell, and Julian Schuman, but failed to get convictions.

3. The CBW operations were reviewed by Bill Schaap in "The 1981 Cuba Dengue Epidemic," *CAIB*, Number 17 (Summer 1982), p. 28; many had been previously documented in the mainstream press.

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1. Much of this summary is taken from Ken Lawrence's excellent article, "The History of U.S. Bio-Chemical Killers," in *CAIB*, Number 17 (Summer 1982).

island. Court testimony in 1984 by a Cuban counterrevolutionary terrorist supported *CAIB*'s conclusion.⁴

More recent incidents in which the involvement of U.S. CBW is so far unconfirmed include the following:

El Salvador: In 1982, Salvadoran trade unionists charged that epidemics of previously unknown diseases had erupted in many areas immediately after U.S.-directed aerial bombings. Particularly cited was hemorrhagic conjunctivitis, which causes bleeding of the eyes.⁵ In 1985, the Salvadoran Association of Health Professionals charged that another new disease, which caused high fevers, headaches, joint pains, rash, and later jaundice, occurred after bombings "of an unfamiliar character." In both cases, U.S. CBW was suspected.⁶

Nicaragua: In 1985, an outbreak of dengue fever—the first such epidemic in the country—occurred in Managua and other areas a few months after the escalation of U.S. aerial reconnaissance missions. Nearly half of the capital city's population became ill, and there were several deaths. The Nicaraguan health ministry has been investigating the possibility of a U.S. CBW role.⁷

It should also be mentioned that some Black and Latino activists in the United States have called drug smuggling and distribution in Third World communities a form of chemical warfare. As they note, it is no accident that heroin in particular began flooding those communities at the height of the urban rebellions of the late 1960s. The CIA involvement in the Southeast Asian heroin trade and, more recently, Latin American cocaine smuggling, has been well documented. (See Vince Bielski and Dennis Bernstein, "The Cocaine Connection," and David Truong D.H., "Running Drugs and Secret Wars," in this issue.) Less well known is the major role of U.S. urban police forces in allowing and sometimes participating in drug sales.⁸

CBW Tests in the U.S.

Tests of CBW agents, often performed without the knowledge of human subjects, have been carried out for decades on both individuals and entire populations.⁹ Many of these programs were exposed in the mid and late 1970s through media and congressional investigations and Freedom of Information lawsuits. The most famous program was MKULTRA, one of several CIA and Army projects seeking to perfect mind control and incapacitating agents. (See Ken Lawrence, "Drugs, Psychiatry, and Mind Control in Canada," in this issue.) Many of the drugs tested had been rejected by pharmaceutical companies due to their undesirable side effects. In the 1950s and 1960s, scores of such drugs, including LSD, were tested on military personnel and prisoners.

Other common CBW tests included open-air experiments spraying what were claimed to be harmless agents. In 1977,

4. "Omega 7 and Dengue Fever," *CAIB*, Number 22 (Fall 1984), p. 35.

5. "Germ War in Salvador?" *Daily World*, February 17, 1982.

6. San Francisco Committee for Health Rights in Central America, *El Salvador 1985: Health, Human Rights, and the War* (A Report of the Third U.S. Public Health Commission to El Salvador), p. 11.

7. "Dengue Epidemic: All Out Against...a Mosquito," *Barricada International*, October 3, 1985, p. 6; "Dengue: Another Facet of the War?" *Barricada International*, November 21, 1985, p. 13.

8. Lincoln Detox (a drug detoxification program at Lincoln Hospital, New York City), "Dope is Death," paper prepared for National Hearings on the Heroin Epidemic, Washington, D.C., June 29, 1976.

9. Much of this discussion is condensed from Louis Wolf's article, "This Side of Nuclear War: The Pentagon's Other Option," in *CAIB*, Number 17 (Summer 1982), pp. 16-17. See also, Leonard A. Cole, "The Army's Secret Germ-War Testing," *The Nation*, October 23, 1982.

the Army admitted carrying out hundreds of such tests since World War II, including 25 targeting the public. On 48 occasions between 1951 and 1967, the Army employed microbes known to be disease-causing agents in open air tests, and it used disease causing anti-crop substances 31 times. Some especially outrageous highlights:

- In 1950, the U.S. Navy sprayed a cloud of bacteria over San Francisco. The Navy claimed the bacteria used in the simulated attack were harmless, but many residents came down with pneumonia-like symptoms and one died.

- In 1952 and 1953, clouds of zinc cadmium sulfide were sprayed over Winnipeg, Manitoba; St. Louis, Missouri; Minneapolis, Minnesota; Fort Wayne, Indiana; the Monocacy River Valley in Maryland; and Leesburg, Virginia. Despite claims of harmlessness, a military report noted respiratory problems.

- In 1955, the Tampa Bay area of Florida experienced a sharp rise in whooping cough cases, including 12 deaths, following a CIA bio-war test whose details are still secret, involving bacteria withdrawn from an Army CBW center.

- From 1956 to 1958, in the poor Black communities of Savannah, Georgia, and Avon Park, Florida, the Army carried out field tests with mosquitoes that may have been infected with yellow fever. The insects were released into residential areas from ground level and dropped from planes and helicopters. Many people were swarmed by mosquitoes and then developed unknown fevers; some died. After each test, Army agents posing as public health officials photographed and tested victims and then disappeared from town.¹⁰

- From June 7 to 10, 1966, the Army's Special Operations Division dispensed a bacillus throughout the New York City subway system. The Army's report on the experiment noted the existence of subways in the Soviet Union, Europe, and South America.

- In 1968 and 1969, the CIA experimented with the possibility of poisoning drinking water systems by injecting a chemical substance into the water supply of the Food and Drug Administration building in Washington.

- In 1976, the Humane Society of Utah questioned the mysterious deaths of 50 wild horses who had drank from a spring near the U.S. Army's Dugway Proving Ground, a CBW research center.

- One highly suspicious incident that could bear scrutiny as a possible CBW test is the 1978 "mass suicide" of 900 Black North Americans in Jonestown, Guyana.¹¹

Deadly "Civilian" Medical Experiments

Besides the tests directly related to CBW, there has been a

10. Ellen Bulf, "Have Mosquitoes Been Drafted in a Secret War?" *In These Times*, September 23-29, 1981, p. 22; and "U.S. Germ Warfare Tests Revealed—Target: Savannah, Georgia," *Revolutionary Worker*, November 21, 1980.

11. John Judge, a Philadelphia activist who has extensively investigated the incident, notes that many of the drugs found there were the same ones tested under MKULTRA. The Guyanese Chief Medical Examiner testified in court that 80 percent of the bodies he examined showed signs of forcible injections. Jim Jones, the self-proclaimed leader of the "People's Temple" which moved to Guyana from San Francisco, and one of his aides, had CIA connections. The father of Jonestown leader Larry Layton was head of CBW Research at the Army's Dugway Proving Grounds in the 1950s. The elder Layton admitted contributing \$25,000 to the People's Temple. According to Judge, "Public exposure [in the mid-1970s] of experiments in U.S. prisons and mental institutions was, in all likelihood, a major impetus for relocating this testing to the jungles of a virtually unknown country." See also, "Guyana: The Faces Behind the Masks," *CAIB*, Number 10 (August-September 1980), p. 21.

notorious history of deadly "civilian" medical experiments, often practiced on Third World people, and usually without their consent. Numerous new drugs have been tested on people in Third World nations long before such tests would be permitted in this country. For example, the birth control pill was first used on Puerto Rican and Haitian women in trials by the G.D. Searle pharmaceutical company in 1956.¹² The women were neither told what they were taking nor warned about the possible side effects, which the company knew to be potentially severe.

Within the U.S. and its direct colonies, there is a long history of experiments on prisoners using drugs—especially psychotropic ones—and toxic chemicals.¹³ For example, early in this century, a North American doctor infected several prisoners with plague in the then-U.S. colony of the Philippines. He also produced beriberi in another group of 29 prisoners, two of whom died as a result of the experiments. In 1915, a doctor produced pellagra in twelve white Mississippi inmates in an attempt to discover a cure for the disease. In the 1940s, over 400 Chicago prisoners were infected with malaria as part of a wartime crash program to develop new drugs against this infection. In 1947, Nazi doctors on trial at Nuremberg for crimes against humanity cited some of these cases as precedents for their own genocidal experiments.¹⁴

From 1965 to 1968, 70 prisoners, mostly Black, at Holmesburg State Prison in Philadelphia, were the subjects of tests by Dow Chemical Company of the effects of dioxin, the highly toxic chemical contaminant in Agent Orange. Their skins were deliberately exposed to large doses and then monitored to watch the results. According to the doctor in charge, Albert Kligman, a University of Pennsylvania dermatologist, several subjects developed lesions which "lasted for four to seven months, since no effort was made to speed healing by active treatment." At a 1980 federal Environmental Protection Agency hearing where the experiment came to light, Kligman testified that no follow-up was done on subjects for possible development of cancer. This was the second such experiment commissioned by Dow, the previous one carried out on 51 "volunteers," believed also to have been prisoners.¹⁵

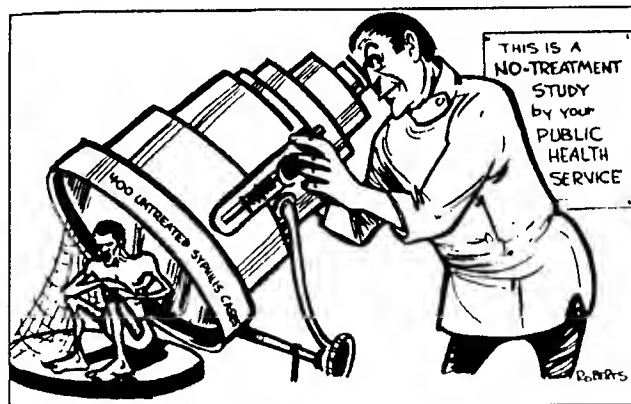
A series of experiments that bears particular scrutiny in light of AIDS were the mind-altering drug tests and aversion therapy measures, including electroshock treatment, used on prisoners in the California prisons of Vacaville and Atascadero in the 1960s.¹⁶ Some of these were particularly directed against gay inmates, attempting to "convert" them to heterosexuality. Blanche Wiesen Cooke, a New York history professor, has raised the question of whether AIDS may have developed as one result of such experiments. Clearly, these experiments need more investigation.

Two of the most notorious and genocidal experiments in

U.S. history are especially worth recalling:

Tuskegee Syphilis Study: In 1932, the U.S. Public Health Service initiated a study of untreated tertiary (third stage) syphilis using poor, uneducated Black men in Tuskegee, Alabama. Four hundred syphilitics were never told of their illness and were denied treatment. Another 200 healthy Black men were used as control subjects. Both groups were carefully monitored. According to the authoritative book on the subject, *Bad Blood*, by James H. Jones, "as of 1969, at least 28 and perhaps as many as 100 men had died as a direct result of complications caused by syphilis. Others had developed syphilis-related heart conditions that may have contributed to their deaths."¹⁷ Many wives of the untreated men may also have been infected; some children may have been born with congenital defects.

The experiment continued until 1972, when an outraged federal worker blew the whistle to the press, and nationwide condemnation forced the government to cancel the project. This employee had protested privately as far back as 1966, only provoking increasingly high-level secret meetings which resolved to continue the project. In 1972, as they reluctantly ordered its end, federal health officials hypocritically joined the press denunciations while implicitly defending the study as legitimate in its time. The survivors still received no treatment until eight months later, on the eve of congressional hearings. The federal office supervising the study was the predecessor of today's Centers for Disease Control (CDC) unit in charge of the AIDS program.¹⁸ The CDC, a journalist



Cartoon in the *Denver Rocky Mountain News*, attacking the Tuskegee Syphilis Study, which allowed 400 Black men with the disease to go untreated for 40 years.

17. James H. Jones, *Bad Blood: The Tuskegee Syphilis Experiment* (New York: The Free Press, 1981), p. 2.

18. In fact, Dr. David Sencer, the Director of the CDC who approved the continuation of the Tuskegee study in 1969, became New York City Health Commissioner, and a key player in AIDS policy, in the early 1980s. In February 1987, a New York doctor announced test results showing that all of his AIDS patients had previously undiagnosed (and thus untreated) cases of tertiary syphilis, and proposed that this may turn out to be the cause of AIDS. *The New York Native*, a gay weekly, recounting the story of the Tuskegee Syphilis Study, asked if the CDC could have conducted a similar experiment on gay men that may have led to the AIDS epidemic. Charles Ortleb, "Unpublished Study Suggests AIDS Is Caused by 'Virulent Immunosuppressant Spirochetes,'" *New York Native*, February 16, 1987, p. 10; "Bad Blood: The Health Commissioner, The Tuskegee Experiment, and AIDS Policy," *New York Native*, February 16, 1987, pp. 13-16.

12. Marshall S. Shapo, *A Nation of Guinea Pigs: The Unknown Risks of Chemical Technology* (New York: Free Press, 1979), p. 91; Ana Maria García, Study Guide for "La Operacion" (a film about sterilization of Puerto Rican women), 1986, available from Cinema Guild, New York City.

13. Jessica Mitford, *Kind and Usual Punishment: The Prison Business* (New York: Knopf, 1976), pp. 138-67.

14. Louis Lasagna, "Special Subjects in Human Experimentation," in Paul A. Freund, ed., *Experimentation with Human Subjects* (New York: George Brazillier, 1969), p. 262.

15. William Robbins, "Dioxin Tests Conducted on 70 Philadelphia Inmates, Now Unknown, in 60s," *New York Times*, July 17, 1983.

16. Mitford, *op. cit.*, n. 13, pp. 157-67; John Lastala, "Atascadero: Dachau for Queers," *Advocate*, April 25, 1972, pp. 11-13.

wrote in 1972, "sees the poor, the black, the illiterate and the defenseless in American society as a vast experimental resource for the government."¹⁹

*Puerto Rican Cancer Experiment:*²⁰ In 1931, Cornelius Rhoads, a North American pathologist at the Rockefeller Institute for Medical Investigations in San Juan, carried out a murderous "experiment" in which 13 Puerto Ricans died after being purposely infected with cancer. In a letter to another doctor, leaked to the Puerto Rican Nationalist Party, Rhoads wrote:

the Porto Ricans [sic]...are beyond doubt the dirtiest, laziest, most degenerate and thievish race of men ever inhabiting this sphere. It makes you sick to inhabit the same island with them...What the island needs is not public health work, but a tidal wave or something to totally exterminate the population. It might then be livable. I have done my best to further the process of extermination by killing off eight and transplanting cancer into several more. The latter has not resulted in any fatalities so far.... The matter of consideration for the patients' welfare plays no role here—in fact, all physicians take delight in the abuse and torture of the unfortunate subjects.

The Nationalist Party President, Don Pedro Albizu Campos, brought the case to the press, the Puerto Rican Medical Association, and the League of Nations, but no action was taken. The North American Governor of Puerto Rico had a prosecutor investigate the charge. Rhoads never denied writing the letter. And despite evidence proving that indeed 13 patients had died, eight of whom were treated by Rhoads, the prosecutor exonerated Rhoads, calling him merely "a mentally ill person or a man with few scruples."

But the story did not end there. This "mentally ill person" went on to direct the establishment of Army chemical warfare laboratories in Maryland, Utah, and the Panama Canal Zone, for which he was awarded the Legion of Merit in 1945. That same year, Rhoads was appointed to the staff of the U.S. Atomic Energy Commission. The Commission was at that time carrying out radiation experiments on unwitting prisoners, hospital patients and soldiers. Meanwhile, between 1937 and 1947, Albizu and other Nationalist leaders had been imprisoned for sedition after the pro-independence upsurge of the late 1930s. A 1950 island-wide Nationalist insurrection led to the re-arrest of Albizu and hundreds of activists. This time, he charged, several parts of his body were repeatedly subjected to radiation, burning and poisoning him. Other Nationalist prisoners later charged they were experimented on with drugs. According to Nationalist Party leaders, Rhoads was finally getting his revenge for Albizu's earlier murder charge. Albizu was denounced by U.S. and local colonial officials as a lunatic, but doctors eventually supported his charges. His health steadily deteriorated, and he died shortly after his release from prison in 1965. Subsequent documents have been obtained supporting both his original murder charges and his allegations of radiation poisoning.

19. *Op. cit.*, n. 17, p. 13.

20. See, generally, Pedro I. Aponte Vázquez, "Yo Acuso! Tortura y Asesinato de Don Pedro Albizu Campos," (Bayamon, Puerto Rico: Movimiento Ecueménico Nacional de Puerto Rico, 1985; and Pedro I. Aponte Vázquez, "Asesino Rhoads a Albizu?" pamphlet, no date or publisher listed.

Charges of a CBW-AIDS Connection

For several years, the U.S. gay, Black, Haitian, and left press have published articles proposing CBW-AIDS theories, with varying degrees of thoughtfulness and documentation.²¹ Such speculation has been particularly intense in the gay community. The terrible toll AIDS has taken, combined with the furious rightwing use of the epidemic to further advance an anti-gay agenda, have fed such a belief. In 1983, the *New York Native*, a gay weekly, published an anonymous letter to the editor from someone claiming to be a former employee of the U.S. Army Biological Warfare Laboratory at Fort Detrick, Maryland. He wrote that the laboratory had launched "Operation Firm Hand" in 1978 to infect gay men with a virus causing AIDS. This story later became a scene in the play, "The Normal Heart," by gay activist Larry Kramer, about a gay man with AIDS.

While many gay men are convinced AIDS was deliberately induced, some dismiss the idea, and others retain open minds.²² In 1983, Rep. Theodore Weiss (Dem.-N.Y.), a liberal who represents a Manhattan district including many lesbians and gays, told a symposium on AIDS that, "as far-fetched as it may seem, given the attitudes towards homosexuals and homosexuality by some segments of society, the possible utilization of biological weapons must be seriously explored."²³

On July 4, 1984, the New Delhi, India newspaper *Patriot* put forward the first detailed charge of an AIDS-CBW connection. An unnamed U.S. anthropologist claimed that a program had been developed at Fort Detrick to create a virus that caused AIDS. The *Patriot* also cited articles which appeared in 1979 and 1980 in the magazine *Army Research, Development and Acquisition*, official organ of Ft. Detrick's parent agency. One was by two Fort Detrick officials, Lt. Col. Karl Pedersen, Jr., then director of the Institute of Infectious Diseases, and Col. John Albertson, microbiology specialist, genetic engineer and

21. Charley Shively, "The CIA-CDC-AIDS Political Alliance," *Gay Community News*, July 9, 1983; Charles Ortleb, "Biological Warfare," *New York Native*, November 30, 1985; C.L.I.T. Collective, "AIDS Conspiracy Theories," *Big Apple Dyke News*, Winter 1985-86; Diane Fineberg, "Is AIDS Connected to Swine Fever Virus?" *Workers World*, June 17, 24, July 1, 8, 15, 1983; Jonetta Rose Barras and Judith Jones Scott, "Flawed Virus Seen As Possible Theory to AIDS Creation," *Washington Afro-American*, (series), May 9, 16, 24, 1987; Jacques Arcelin, "AIDS: Guerre Psychologique ou Guerre Biologique?" *Haiti Progres*, July 8-14, July 20-26, July 27-August 2, August 10-16, 1983; "SIDA: Fleau Incompréhensible ou Arme Biologique?" *Haiti Progres*, March 19-25, 1986; Gerard Campfort, "Une These Coherent Sur le Sida," *Haiti Progres*, January 18-24, 1987.

Among those advancing an AIDS-CBW theory has been a New York-based group called "Communist Cadre" (CC). This organization, which claims to be Marxist-Leninist, publishes huge-size, small-print posters with screaming headlines proclaiming conspiracy theories on various subjects. Since 1983, CC has put out posters with changing theories of AIDS-CBW, first proposing African Swine Fever, later turning on that theory's advocates as "disinformation specialists" and instead supporting the Soviet analysis that the HIV virus was artificially engineered at Fort Detrick. Some activists have concluded that CC is government-connected, aimed at discrediting or disrupting the legitimate left.

22. In a 1985 "unscientific" poll by the *Native*, 150 New York gay men were asked whether they believed that "AIDS is actually a disease created by an arm of the federal government for political reasons"; 37 percent agreed, 45 percent disagreed, and 16 percent said they didn't know or didn't respond. Barry Adkins, "Time for Another Stonewall?" *New York Native*, November 4-10, 1985, p. 25.

23. "Human Rights, Human Health," speech given April 10, 1983, at Lenox Hill Hospital Symposium on AIDS, reprinted in *New York Native*, Issue 62.

Director of the Medical Engineering Laboratory, reportedly concerning natural and artificial influences on the human immune system.²⁴

The *Patriot* story further claimed that Fort Detrick scientists, with the help of the Centers for Disease Control, and under Pentagon contract, traveled to Zaire and Nigeria, and then to Latin America, to collect information on a "powerful virus that could not be found in Europe or Asia." According to a later summary of the *Patriot* article in a Soviet journal, "This information was then analyzed at Ft. Detrick, and the result was the isolation of a new virus that causes AIDS.... Certain experiments were probably done in Haiti (U.S. satellite-country) and in certain groups of the American population, beginning with homosexuals, drug users, homeless, etc."²⁵

International media coverage of these charges, and hysterical official denials, only raise further questions. (See sidebar, "Media Coverage of AIDS-CBW Charges," and see "Theory #1: Genetically-Engineered HIV," in this issue.)

The New Age of CBW

In 1969, under mounting pressure from the international and domestic anti-war movements, President Nixon announced a ban on the production and use of biological (but not chemical) warfare agents. In 1972, the U.S. signed an international treaty with similar provisions. It was not until Senate ratification in 1975 that the treaty took legal force in the U.S. The Pentagon claims that these new policies meant the end of all but "defensive" biological warfare research. But this distinction is meaningless, as numerous CBW experts (including some of the Army's own, before the ban) have attested.²⁶ This is because the studies required to protect against CBW are indistinguishable from those necessary to prepare micro-organisms for attack. The fact that offensive programs continued is also shown by the documented biological attacks on Cuba in 1971 and 1981. It is also suggested by the incidents in Nicaragua and El Salvador described above.

Genetic Engineering: Newest CBW Tool

In 1973, the new field of genetic engineering—combining molecules of different micro-organisms to create new viruses and bacteria—was opened by advances in scientific research. The U.S. military applied this new technology to its CBW research. Many scientists warned of the extremely dangerous implications of such a development. While the military claims to be using genetic engineering only to develop vaccines (as is being done in the pharmaceutical industry), there is every reason to believe it is also being developed for offensive purposes.²⁷

24. As summarized in Gordon Schaffer, "Is AIDS Man-Made?" *Peace Courier* (newsletter of the World Peace Council, Britain), January 3, 1987, p. 18.

25. The *Patriot* account is summarized in Valentin Zapivalov, "Panic in the West, or, What Is Hidden Behind the Sensationalism Surrounding AIDS," *Literaturnya Gazeta*, No. 44, October 30, 1985, p. 14, as reprinted in "SIDA: Fleau Incompréhensible ou Arme Biologique?" *op. cit.*, n. 21, and sec. "El SIDA Fue Creado por la CIA?" *Impacto* (New York), December 24-30, 1986, p. 3.

26. The Stockholm International Peace Research Institute, in a definitive study on CBW, found "little difference between offensive and defensive CBW research." Quoted in Charles Piller, "DNA—Key to Biological Warfare?" *The Nation*, December 10, 1983, p. 598.

27. "Some common forms of vaccine production are very close technically to production of CBW agents and so offer easy opportunities for conversion." *Ibid.* See also, Alexander Hiam, "The Next Generation of Biological



Pravda cartoon showing U.S. scientist and military officer exchanging a vial of "AIDS virus" for money. U.S. officials protested vigorously.

In February, 1987, a lawsuit by the Foundation for Economic Trends, a Washington, D.C. environmental group, forced the Department of Defense (DoD) to admit the operation of CBW research programs (all "defensive" of course) at 127 sites around the country, including universities, foundations and corporations. *Science* magazine reported that the suit revealed that "DoD is applying recombinant DNA techniques in research and the production of a range of pathogens and toxins including botulism, anthrax and yellow fever."²⁸ According to the Foundation, this research effort increased dramatically in the past five years, but DoD had not examined the health effects of these activities as required by law. In the out-of-court settlement of that suit, the Pentagon agreed to file environmental impact statements on all of those programs within 21 months, to indicate any possible health risks to surrounding communities.

The Search for the Ultimate Bioweapon

The military has several times expressed its fantasies for new biological weapons. Some of these images are chillingly suggestive of a microbe that would cause AIDS. In 1969, a military official testified before Congress:

Within the next 5 or 10 years, it would probably be possible

Weapons," *Science for the People*, May-June 1982, pp. 32-35; Robert Ruttman, "'Strictly Anti-Human' Chemical and Biological Warfare," *Science for the People*, May-June 1984, pp. 6-30.

28. Mark Crawford, "DOD to Reassess Bioweapons' Risks," *Science*, February 27, 1987, p. 968.

to make a new infective micro-organism which could differ

in certain important respects from any known disease-

Media Coverage of AIDS-CBW Charges

The mainstream U.S. media, taking their cue from Washington officials, have generally ignored—and more recently dismissed—charges of an AIDS-CBW link. Speculations of a link between CBW and AIDS never went beyond the limited realm of U.S. gay, Haitian, and left newspapers until July 4, 1984, when the New Delhi *Patriot* published the first detailed charges. (See "Charges of a CBW-AIDS Connection," in accompanying article.) This report was ignored by the world press until October 30, 1985, when the Soviet weekly *Literaturnya Gazeta* adopted the *Patriot's* thesis in an article on AIDS hysteria in the West. Although major wire services carried the allegation, the majority of the U.S. press ignored it completely, except a few which quoted U.S. officials denouncing it as a "Soviet disinformation campaign." Within a week, Radio Liberty was attacking the story as a "monstrous charge of mass extermination of the population of one's own country" and "another step in the escalation of anti-American hysteria."¹

The Soviet account, however, was picked up by many newspapers worldwide, from Sweden to Brazil to the Philippines. Soviet media renewed coverage of the story in several articles between April and June, 1986, this time supporting their thesis with statements by two physicians, John Seale of London and Nathaniel S. Lehrman of Roslyn, New York (author of the accompanying article, "Is AIDS Noninfectious?"). Dr. Lehrman was quoted in the May 7, 1986 *Literaturnya Gazeta* that "to insist that the newly discovered virus is the only cause of AIDS is as doubtful as to say that it is the only cause of leukemia. It is more than likely that other, non-infectious causes of AIDS exist..." According to Dr. Lehrman's account, "Shortly thereafter I received a call from an official at the United States Information Agency asking, in ominous tones, if I were aware I had been quoted in the Soviet newspaper."²

These articles evoked letters of protest by the U.S. Ambassador to Moscow, Arthur Hartman. Writing to Soviet editors, Hartman labeled the CBW charges "absurd" and "as reprehensible as they are false." He called the articles "a blatant and repugnant attempt to sow hatred and fear of Americans among the Soviet population and to abuse a medical tragedy affecting people all over the world, including in the Soviet Union, for base propaganda purposes."

1. Julia Wishnevsky, "'AIDS' In the Service of Soviet Anti-American Propaganda," RL 374/85, *Radio Liberty Research Bulletin*, Vol. 29, No. 46, November 13, 1985, p. 2.

2. Dr. Lehrman adds: "Since 1981, I have been thwarted in my efforts to raise the simple and obvious question: Why do our public health authorities continue not to investigate the possible toxic causes of AIDS? The many letters and articles I continue to submit to both lay and professional journals, most of which published me in the past on other subjects, have been rejected without meaningful explanation."

es."³

But international coverage of the charges continued. In mid-1986, a 52-page booklet by two East German scientists, Jakob and Lilli Segal, arguing that HIV was genetically engineered in a U.S. CBW lab, circulated in English-speaking Africa, including Harare, Zimbabwe, at the time of the Eighth Summit of the Non-Aligned Movement. Again, the story was picked up by the international press, particularly in the Third World. An October 15 story in the Prague, Czechoslovakia *Tribuna* accused North American media of withholding information on the CBW charges.

The first detailed coverage of the charges in any western media appeared on October 26, 1986 in the London *Sunday Express*, a conservative, sensationalist tabloid. The story, based on interviews with Seale, Jakob Segal, and a Los Angeles doctor, Robert Strecker, presented a sympathetic view of the CBW/genetic engineering theory.⁴

The *Express* article included Dr. Segal's account of a visit by two U.S. embassy officials to his East Berlin home on October 10. The officials claimed to be a historian and political counsel, respectively. But Segal said, "I am positive they were from the CIA—and that they were deeply concerned that the cover-up over the origin of AIDS was going to be exposed." The officials questioned Segal about "what he knows, what he thinks, where he got his information from, and what he intends doing with his report." The State Department acknowledged sending officials to the Segal home, but said it was merely "to point out the fallacies of the report."

With the publication of the *Express* story, the media dam broke. In the succeeding two months, over sixty stories appeared worldwide on the CBW charges. The State Department, worried that the London paper had given the CBW allegations "a significant boost," issued a refutation of the charges and a chronology of "the Soviet disinformation campaign." The press release claimed that editors of the Indian *Patriot* denied ever having published the 1984 story on which the Soviet charges were based. The State Department continued: "Possibly, the Soviet propaganda apparatus got ahead of itself. The Soviets often place stories in the *Patriot*, a pro-Moscow New Delhi daily, which are then replayed in TASS and other Soviet media."⁵

The Segals were discounted for having "taught in Cuba for approximately three years in the 1960s" and Seale was accused, through a quote from "a Finnish AIDS expert," of

3. Unpublished letter to the editor of *Literaturnya Gazeta*, June 25, 1986, contained in "Soviet Disinformation Claims AIDS Virus Made in USA (Chronology of Campaign as of 3/31/87)", press release by U.S. Department of Defense, April 1, 1987.

4. "AIDS 'Made in Lab' Shock," *Sunday Express*, October 26, 1986.

5. Quoted in "AIDing the Enemy" (editorial), *Wall Street Journal*, December 4, 1986.

causing organisms. Most important of these is that it might

be refractory [resistant] to the immunological and therapeutic

being "imbalanced or rather crazy."⁶ But the State Department press release offered no scientific critique of the theory on which the Soviet charges were based—which could have given more credible grounds for a denial (see "Alternative Theory 1: Artificial HIV," in accompanying article).

⁷ This was the opening salvo of a U.S. counterattack which continues to echo through North American and European media. The London *Times* ran a story headlined "Aids: Moscow's New Weapon in its Secret War of Smears," which recycled old charges of an alleged KGB directorate "responsible for spreading false or misleading information, manipulating the Western media, and running agents of influence and front organizations."⁷

On October 31, *Pravda* published a cartoon showing a scientist handing a test-tube marked "AIDS virus" to a U.S. military officer for money, with corpses at their feet. This was too much for U.S. officials. Ambassador Hartman publicly protested the cartoon. The November 17 *Time* magazine—in the first full article on the charges in U.S. mainstream media—reprinted the cartoon alongside a story entitled "Infectious Propaganda." It began:

A bizarre theory about the origins of AIDS has been getting play in the Soviet press lately: that the illness is the result of U.S. germ warfare experiments gone wild. AIDS experts scoff at the far-fetched notion, and Washington has accused the Soviets of waging a disinformation campaign.

The article snidely referred to Jakob Segal as "a retired East Berlin biologist who is unknown to Western AIDS experts." It then dismissed without refutation the positions of Seale, the London doctor, and a U.S. physician, Robert Strécker, that HIV was genetically engineered, although they believe it was done by the Soviets.⁸

On December 4, the *Wall Street Journal* joined the fray with an editorial entitled "AIDing the Enemy." Noting without a trace of irony that "American readers most likely have never heard of this Kafkaesque tale," the *Journal* slavishly repeated the State Department line:

The AIDS disinformation campaign is part of the Soviet Union's "active measures" program to detract from America's image abroad, especially in the Third World. But it also has another purpose: to undermine reports on the Soviet Union's own biological warfare research and

6. However, it is important to note that Seale does have extreme rightwing views and has spoken on AIDS for the Lyndon LaRouche organization. (See sidebar, "Lyndon LaRouche and the AIDS Theorists," in accompanying article, "Origin and Spread of AIDS.")

7. Iain Elliot, London *Times*, October 31, 1986, p. 20b. The writer fretted that "more effort is required to persuade the media and public that disinformation should be discussed in a wider context than U.S. policy towards Libya," referring to the disclosures of Reagan's invented stories of Libyan plans to sponsor armed attacks in Europe.

8. "Infectious Propaganda," *Time*, November 17, 1986, p. 64.

development program. The intended effect is to make it appear to the general public that the two superpowers are simply engaged in mutually incredible propaganda campaigns.⁹

On March 30, 1987, TASS renewed the CBW charges by summarizing a recent article on the subject in a Soviet military review. The TASS story reiterated the now-familiar charge, mentioning the support of British, U.S., and East German scientists. Another wave of international press coverage followed. In the U.S., several newspapers ran stories from the AP wire, and this time it finally reached national television. That night, Dan Rather reported it, together with the obligatory U.S. denial, on the CBS Evening News.

Clearly it was time for another U.S. counteroffensive. The next day, the Defense Department issued an enlarged version of the November 1986 State Department press packet, including what purports to be a summary of Fort Detrick's activities since the 1969 CBW ban and its role in researching AIDS treatments. Also attached was an updated and expanded chronology of "Soviet disinformation" on the subject, with an index of 139 articles on the CBW charges in the international press over three years. The Pentagon's preoccupation was evident: "Since January 1 of 1987, AIDS Disinformation [has] been picked up on radio, press conferences, through rumors, classroom presentations in the East Bloc, handbills being circulated in Senegal." It was noted that the story had reached "60 countries in more than 30 languages over radio and in print media."¹⁰

An April 7 AP story based on the Pentagon press packet quoted Defense Department spokesperson Fred Hoffman as saying, "What's really troublesome is that this stuff tends to be believed in Third World countries." The article said U.S. officials "believed the Soviet Union had succeeded in keeping the allegations alive because Fort Detrick was the Army's biological warfare development center until 1969 and is now the site of some AIDS-related research."¹¹

Indeed. But even if the Soviets' *specific* charges are inaccurate—that is, if HIV is not the cause of AIDS and was not genetically engineered—why does the U.S. government not issue a *specific* response? Perhaps it is afraid to reopen the whole question of CBW to close scrutiny. After all, there is plenty of known and unknown history with high potential for embarrassment. And just maybe, buried in Pentagon files lies the story of a disastrous CBW experiment—different perhaps from what the Soviets theorized—which launched AIDS on its murderous course. •

9. *Op. cit.*, n. 5.

10. Press release, *op. cit.*, n. 3.

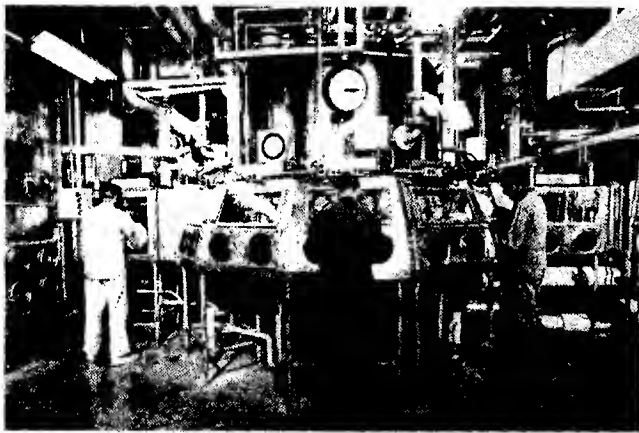
11. "Soviet AIDS Campaign Denounced," *New York Times*, April 8, 1987, p. B-7. In classic style, the *Times* ignored the March 30 AP story on the TASS charges, waiting for the U.S. denial before running a rebuttal story buried deep in the local news section.

tic processes upon which we depend to maintain our relative freedom from infectious disease.²⁹

In a book on CBW written just before the identification of AIDS, two authors commented on this testimony:

The possibility that such a 'super germ' may have been successfully produced in a laboratory somewhere in the world in the years since that assessment was made is one which should not be too readily cast aside.... This is not an entirely academic speculation. In 1968 Porton Down [the British Army's Biological Warfare Laboratory] and Ft. Detrick collaborated in the successful transfer of genes between different strains of plague bacillus. The research was done 'for purely defensive purposes.'³⁰

A 1985 U.S. government study showed an awareness of the potential of genetic engineering. "The rapid advances of genetic technology—in which the US for now is fortunately [sic] the leader—offer the predictable likelihood of new agents



The "cloud chamber" at Fort Detrick, for "aerobiological experiments." Credit: USAMRIID.

being developed for which no vaccines or counteragents are known or available."³¹

Another twist on CBW development is the prospect, predicted in a 1975 military manual, of "ethnic chemical weapons which would be designed to exploit naturally occurring differences in vulnerability among specific population groups."³²

29. Dept. of Defense spokesperson, testifying before a House subcommittee, 1969, quoted in Robert Harris and Jeremy Paxman, *A Higher Form of Killing: The Secret Story of Chemical & Biological Warfare* (New York: Hill & Wang, 1982), p. 266.

30. Harris and Paxman, *op. cit.*, n. 29, pp. 241, 266.

31. *Report of the President's Chemical Warfare Review Commission* (Washington: Government Printing Office, 1985), p. 69.

32. See Carl A. Larson, "Ethnic Weapons," in *Military Review*, November 1970; and see "DoD's Nerve Gas Sales Pitch," *CAIB*, Number 17 (Summer 1982), p. 25. It has been reported to the United Nations Commission for Namibia that South Africa is suspected of conducting research on diseases which only affect Black people. Report for 1983-84. See also A. Conadera, "Biological Weapons and Third World Targets," *Science for the People*, July-August 1981, pp. 16-20.

The Question of Fort Detrick and AIDS

Added to all this suggestive evidence is the particular history of the Army's Fort Detrick facility in Frederick, Maryland. It is here, some have charged, that the Pentagon may have developed AIDS, purposely or accidentally. This center was called the Army Biological Warfare Laboratory until Nixon's 1969 order banning CBW production. Fort Detrick was then the leading center for development and testing of biological weapons. Shortly after the CBW "ban," part of the grounds were, with great fanfare, renamed the "Frederick Cancer Research Facility" and turned over to the National Cancer Institute for civilian use. The military section was later renamed the "U.S. Army Medical Research Institute for Infectious Disease" (USAMRIID), supposedly restricted to "defensive" research. But underneath the slick name changes, it is clear that some level of CBW research continued. According to one account, "Within two years of its foundation, the Institute's staff and budget had trebled."³³

In 1983, the Frederick Cancer Research Facility was engaged by the AIDS Task Force of the National Cancer Institute (NCI) to join the efforts to uncover the viral agent that caused AIDS. That task force, under the leadership of the NCI's Dr. Robert Gallo, was responsible for the much heralded "discovery" in 1984 of HIV—claimed to be the virus that causes AIDS. As explained in another article in this issue, that claim is highly suspect. (See Nathaniel Lehrman, "Is AIDS Non-infectious?" in this issue.) Meanwhile, the Armed Forces Institute of Pathology, a unit of Walter Reed Army Medical Center in Washington, D.C. with a long history of collaboration with Fort Detrick, has also been doing intensive research on viral causes of AIDS.

Yet another Fort Detrick connection to AIDS occurred in 1986. Army officials have reported that their Fort Detrick facility—not the "civilian" section—was asked by the National Institutes of Health to join the effort to find AIDS treatments.

These facts by themselves, of course, provide no evidence of military involvement in the alleged creation of AIDS. But a reported comment by a Fort Detrick official suggests the facility has researched more about AIDS than simply cause and treatment. On February 18, 1987, the *Philadelphia Daily News* carried a McClatchy News Service report that Col. David L. Huxsoll, chief of USAMRIID, told a meeting of scientists that the Soviet charges were unfounded "disinformation." In his zeal to disprove the allegations, Huxsoll reportedly added, "...studies at the Army laboratories have shown that the AIDS virus would be an extremely poor biological warfare agent."³⁴ When contacted by the author, Huxsoll denied having made the statement. He said he believed that the uncontrollability of AIDS and its long incubation period would make it a poor CBW agent, but that no such studies had ever been done. The McClatchy reporter told the author Huxsoll had been quite clear. "He specifically said that once it [AIDS] surfaced, they screened it as they do any infectious agent. He said they had definitely looked at it."

Huxsoll's comment appears to contradict the official Pentagon line on the subject. A Defense Department press packet issued in April, 1987 to refute the Soviet allegations

33. Harris and Paxman, *op. cit.*, n. 29, p. 222.

34. Huxsoll spoke to a seminar on biological warfare and genetic engineering at the annual conference of the American Association for the Advancement of Science. "Germ Warfare Battles AIDS," *Philadelphia Daily News*, February 18, 1987.

(see sidebar, "Media Coverage of AIDS-CBW Charges") presents lengthy information on Fort Detrick's involvement in recent AIDS treatment research. The document claims, "This background information covers completely the US military involvement in AIDS research..."³⁵ No mention is made of any studies of AIDS as a biological weapon—whether "poor" or good.

Other U.S. CBW Facilities

Fort Detrick is not the only U.S. facility for CBW research. Domestically, there are other centers in Maryland, Utah, Arkansas, and California. Many major U.S. universities are partners with the military in conducting CBW research projects. Internationally, the Army admits it has "infectious disease research institutes" in Kenya and Brazil. The latter location is especially interesting, given that Brazil has the second highest number of AIDS cases (after the U.S.) in the Western Hemisphere. It has also been suggested that there may be CBW facilities in Haiti and Zaire.³⁶

Another unacknowledged CBW facility—called a malaria research center—may be in Lahore, Pakistan. A 1982 incident there shows how it is possible to use a U.S. client state to conduct CBW research. The Pakistani government—a solid anti-communist U.S. ally—expelled the U.S. physician who headed the center after Soviet charges that experiments were being done there to infect mosquitoes with yellow fever and dengue, for use in neighboring Afghanistan or in Cuba.³⁷ The doctor was a professor at the University of Maryland, institutional co-sponsor of the laboratory and a frequent collaborator with nearby Fort Detrick on CBW projects.

AIDS Experiments on Haitian Refugees?

In 1980-81, thousands of Haitians, escaping the brutal repression of the U.S.-backed Jean-Claude "Baby Doc" Duvalier regime, arrived on boats in the U.S. seeking refuge. The Reagan administration's response was brutal—Coast Guard boats were instructed to turn the refugees away, and those who slipped in undetected were interned at Immigration and Naturalization Service (INS) detention centers, pending deportation hearings. Many were held there, in overcrowded and filthy conditions, for as long as two years.

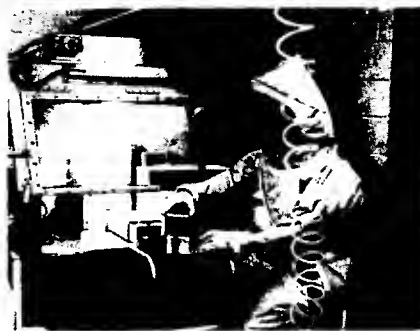
Within months of their incarceration at two such centers, Krome in Miami and Fort Allen in Puerto Rico, many male

35. "Soviet Disinformation Claims AIDS Virus Made in USA (Chronology of Campaign as of 3/31/87)," press release by U.S. Department of Defense, April 1, 1987.

36. It has been reported to *CAIB* that a secret U.S. military installation at Môle St. Nicholas, Haiti, may be involved in CBW research. In addition, there have been rumors that a similar base was installed in Congo in the wake of the 1960 visit of Dr. Sidney Gottlieb; see n. 43. Since 1975, CIA operatives directing the UNITA *contra* war against Angola have used the Kamina air strip in Congo/Zaire's Shaba province. U.S. and Zairean troops have held joint maneuvers there for years; a permanent U.S. base is being built. About 200 North Americans live in Shaba's capital, Lubumbashi, site of "an abnormally large [U.S.] diplomatic presence," *African Concord*, April 2, 1987, p. 29. And see *New York Times*, February 1, 1987. Also, the U.S. Centers for Disease Control have long had research teams in the country. Other CBW research locations are suggested in a glossy USAMRIID brochure by a note that its Department of Epidemiology "investigates diseases of military concern under natural conditions in Africa, Asia, and the Americas, where transmission is likely to occur." The U.S. Army is at present conducting controversial human trials of germ warfare vaccines in Argentina and the People's Republic of China. Robert Lee Hotz, "Army is Testing 2 New Anti-germ Warfare Vaccines," *Atlanta Journal*, February 18, 1987, p. 2.

37. Schaap, *op. cit.*, n. 3, p. 28; Michael Kaufman, "Pakistanis Expel a Malaria Expert," *New York Times*, February 10, 1982, p. A8.

DISEASE ASSESSMENT DIVISION



The Disease Assessment Division is a key component of the USAMRIID. It is responsible for the development and implementation of disease assessment procedures. The division's work includes the identification, diagnosis, and management of infectious diseases. It also provides technical assistance to other USAMRIID divisions and to the military and civilian health care systems. The division's research focuses on the development of new diagnostic methods and the evaluation of existing ones. It also conducts research on the pathogenesis of infectious diseases and on the development of new vaccines and drugs. The division's work is essential to the military's ability to protect itself and the civilian population from biological threats.

A normal day's work at the "disease assessment division" at Fort Detrick. Credit: USAMRIID.

refugees reported a strange condition called gynecomastia, in which they developed full female breasts. At Fort Allen, some detainees had earlier reported receiving injections which they believed to contain hormones causing the condition.³⁸ In addition, there were reports of a disproportionate number of ex-detainees with AIDS compared to the rest of the Haitian refugees.³⁹ Was there a connection? In 1983, Haitian activists charged that hormone experiments had induced both gynecomastia and AIDS. Meanwhile, the Haitian community was struggling against the racism and stigmatization of being labeled an "AIDS risk group" by the CDC. An extended political and legal battle against the mass incarceration ensued. Many demonstrations were held and ultimately most refugees were released.

38. In 1986, the Haitian Refugee Center in Miami filed a lawsuit against the federal government for damages suffered by the Krome detainees who developed gynecomastia. According to Marvin Kurzhan, attorney for the refugees, legal pressure led to the release of internal government documents which partially unravelled the mystery. It turned out that racist prison officials, terrified at the threat of lice supposedly brought in by the Haitian detainees, ordered them sprayed repeatedly with highly-toxic chemicals never designed for such use. One substance, Kwell, is only supposed to be used in small, localized skin applications, and the other, R&C Spray, was strictly for non-human use, such as on clothes. Government research determined that lengthy exposure to these chemicals can cause hormonal changes that induce development of female breasts. Trial of the case is under way.

39. So far there are only anecdotal reports. More systematic studies are under way to determine if indeed the AIDS rate among ex-detainees is disproportionate. One possible explanation presents itself. According to Dr. Roulette W. Smith of the Institute of Postgraduate Interdisciplinary Studies, "many Haitians entering the United States in and after 1979 received large doses of diiodohydroxyquin, a drug used in treating amebiasis [a parasitic illness] and certain hepatic [liver] disorders." Roulette W. Smith, "AIDS and 'slow viruses,' Acquired Immune Deficiency Syndrome," *Annals of the New York Academy of Sciences*, Vol. 437, 1984, as quoted in Michael L. Culbert, *AIDS: Terror, Truth, Triumph* (Chula Vista, California: Bradford Foundation, 1986), p. 88. What makes this significant, Smith says, is that this drug has had "relatively little marketing" in the U.S. Smith adds: "Subsequently, the major recipients of the drug have been the Haitian boat people with vastly expanded marketing. Outside of the United States, the drug is frequently administered in Angola and Zaire. Thus, finding that a drug is frequently and almost exclusively used in subpopulations thought to be significant risk for AIDS deserves further scrutiny to rule out iatrogenic [medicine-induced] factors, possibly confounded by additional nutritional factors." In Japan, the drug has been implicated in a central nervous system disorder similar to one seen in some AIDS cases. The doctor concludes, "investigators must not overlook possibilities that neurological and/or immunological side effects may be associated with one or both of these drugs...."

Population Control

Population control of the Third World has been a policy goal of U.S. officials for many years. In 1977, Ray Ravenhott, director of the population program of the U.S. Agency for International Development (AID), publicly announced his agency's goal was to sterilize one quarter of the world's women. He admitted, in essence, that this was necessary to protect U.S. corporate interests from the threat of revolutions spawned by chronic unemployment.⁴⁰

Long before Ravenhott's statement, AID programs had brought birth control and sterilization clinics to U.S. client states throughout the Third World, often in regions with no other health facilities. The most "successful" implementation of this program has been in the U.S. colony of Puerto Rico. Under U.S. occupation since 1898, this Latin American island nation has had very high unemployment, corporate-generated environmental pollution, and a strong independence movement. A U.S.-financed network of sterilization clinics has been growing for fifty years. Through intense anti-childbearing propaganda and outright deception, Puerto Rico today has the highest sterilization rate in the world: 39% of women of child-bearing age, 25% of men.⁴¹

Congo/Zaire: Is AIDS Population Control via CBW?

A theory to explain African AIDS was proposed to the author by Serge Mukendi, U.S. representative of the Workers and Peasants Party of the Congo, the country now known as Zaire.⁴² Congo/Zaire has been hard hit by AIDS. It has also been in a state of revolutionary upheaval since its independence from Belgium in 1960. The leader of the independence movement, and first (and only) elected Prime Minister, was Patrice Lumumba, an anti-imperialist widely regarded as a towering African leader. The CIA attempted to assassinate Lumumba with a biological weapon, going so far as to send the head of its MKULTRA program, Dr. Sidney Gottlieb, to the Congo in 1960.⁴³ Although the plan failed, Lumumba was later killed by CIA-trained Congolese military officers. Later, one of those officers, Joseph Mobutu seized state power. Armed revolutionary uprisings, which nearly toppled the U.S.-backed regime, were crushed by NATO military interventions (including U.S. mercenaries and troops) in 1964-5, 1977 and 1978.

In this context, Mukendi noted, the Agency for International Development commissioned a study by the School of International Studies at Columbia University to examine the possibilities of limiting the Congo/Zaire's population growth "to prevent famine." Indeed, Congolese people suffer from severe malnutrition and almost nonexistent health care and education, in a country with some of the world's richest mineral deposits, especially strategic cobalt, mined by western multinationals.

40. Paul Wagman, "U.S. Goal: Sterilize Millions of World's Women," *St. Louis Post-Dispatch*, quoted in G. Esterman, "The Master Plan," *Womanews* (New York), December/January 1986/87, p. 15.

41. Ana Maria Garcia, *op. cit.*, n. 12; Bonnie Mass, "Puerto Rico: A Case Study of Population Control," *Latin American Perspectives*, Fall 1977.

42. In 1971, the CIA-installed dictator Joseph Mobutu Sese Seko changed the name in an effort to separate his regime from its revolutionary predecessor, the Patrice Lumumba government.

43. See John Stockwell, *In Search of Enemies* (New York: W.W. Norton, 1978), pp. 236-37. And see *Assassinations of Foreign Leaders*, Report of the Senate Select Committee on Government Operations (the Church Committee), 1976. Mukendi points out that the CIA's attempted poisoning of Lumumba and its MKULTRA experiments render reasonable the possible later use of CBW in Congo/Zaire.

Mukendi argued that efforts to slow population growth were designed to limit potential recruits for future revolutions. As one example, he cited the dumping of highly toxic radioactive nuclear wastes in the Congo/Zaire. AIDS, he charged, may have been the ultimate population control measure.⁴⁴

Conclusion

When one examines the charges of the purposeful creation of AIDS in light of the United States' sordid history of racist CBW, medical experiments, and population control, it is clear that one should at least be open to such ideas or others that may emerge. The tasks for investigative journalists are clear. ●

44. Mukendi also referred to a medical experiment to develop an AIDS vaccine, now under way in Kinshasa. This project recently received international publicity, particularly concerning the French research director, Daniel Zagury, who has injected himself with the experimental AIDS vaccine. The experiment involves 12 healthy Congolese and Europeans who have volunteered to be the first human guinea pigs to try out the vaccine. However, the scientists have refused to reveal the nature of the vaccine, but claim the experiments are harmless. Yet no human trials are scheduled in the U.S. or Europe until later this year. "Zaire is Supporting Immunization Test Against AIDS Virus," *New York Times*, January 29, 1987. Why the premature start in Africa? *Newsday* reported that "controversy has surrounded Zagury because of his decision to run the first tests on humans in a Third World nation." Robert Cooke, "Tests Foster Hope for AIDS Vaccine," *Newsday*, June 4, 1987, p. 15. The use of Africans before whites to test a possibly dangerous vaccine again illustrates the racist nature of western medicine. But Mukendi went further, charging that healthy Congolese—but not whites—are being injected with the blood of AIDS patients. Press accounts have never mentioned the allegation, but have called such experiments "impossible," because of the danger. Mukendi's charges should be investigated.

Court Award for Army CBW Experiment

Thirty-four years after Harold Blauer died, his family has been awarded \$700,000 by a federal court in New York City. Blauer was receiving treatment for depression at the New York State Psychiatric Institute in Manhattan which included a series of injections. He never knew that the drugs were coming from the U.S. Army; nor did he know that they contained untested, highly potent mescaline derivatives. After the fifth injection, he lapsed into a coma and died.

For more than 20 years, the Army's involvement was kept secret. In 1975 it was discussed in an unrelated congressional inquiry, and Blauer's daughters learned the real reason for their father's death. A lawsuit, which took 12 years and culminated in a 109-page decision by Judge Constance Baker Motley on May 5, 1987, was then brought. The Judge called the incident "a sad episode in the conduct of the United States Government," a cover-up "to avoid embarrassment and adverse publicity."

Unfortunately, for every case where the facts are learned, even belatedly, there are hundreds, if not thousands, about which we never learn. Moreover, a recent Supreme Court decision has completely insulated the military from damage claims of servicemembers. The Blauer award will not stop the use of human guinea pigs, but the Army will probably stick to its own. ●

Origin and Spread of AIDS: Is the West Responsible?

By Robert Lederer*

Editors' Note: Because of space constraints, we are unable to publish the entire Part I of this article in this issue. The rest will appear with Part II in our next issue. Because the entire article was typeset as a unit, there will be some cross-references herein to sections or sidebars which do not appear. They will all be found in the next issue.

Did western institutions play a role in the origin and spread of AIDS? Increasingly, that question is being asked by people worldwide as the death toll mounts, particularly in Central Africa, Brazil, Haiti, and in the gay and Third World communities in western nations. In an era of supposed "medical miracles," it is appropriate and urgent to ask why such a deadly new disease has surfaced, and why it affects particular segments of populations.

The western medical establishment assures us repeatedly that AIDS is caused by a virus called HIV (Human Immunodeficiency Virus) which mutated naturally from a harmless monkey virus in Africa. They say that the worldwide spread of AIDS is due only to international sexual contacts, and that its infection pattern closely parallels existing disease patterns among the affected populations (as if that should be a comforting fact). They also suggest that hereditary factors may play a role. AIDS is incurable and invariably fatal, they insist.

But everywhere questions are arising whether this new syndrome, which apparently surfaced on an international scale in the late 1970s, was a natural development. Given the historic oppression of Third World and gay people, and the vicious western response to the current medical crisis, many people suspect AIDS is too convenient to be coincidental. With isolated exceptions, the western political and medical establishments have failed, or at best have been criminally slow, to institute urgently needed programs of AIDS treatment, research, and prevention education. Governments, research centers and drug companies have ignored and ridiculed inexpensive, holistic therapies showing promise for repairing damaged immune systems. Meanwhile, government officials and rightwing ideologues, with the help of a compliant media, have manipulated AIDS hysteria to stoke a racist and anti-gay political offensive. This has already led to repressive meas-

ures that may be used against broader segments of society. (See sidebar, "U.S. Response to AIDS: Malign Neglect and Social Repression.")

The West's handling of AIDS simply amplifies historic patterns. Gay men and lesbians have faced scorn, discrimination, and violent attacks for centuries—not only at the social level, but also through institutional policies of government, religion and medicine. At the same time, the history of western domination of the Third World and organized racism is well documented. Not least among the weapons used have been genocidal programs of population control, medical experiments, and counterinsurgency, including chemical and biological warfare (CBW) against revolutionary movements and states. Sometimes the three programs have overlapped. (See CBW article in this issue.)

A variety of international media have proposed that AIDS is a product, accidental or purposeful, of this history. If AIDS did, in fact, result from CBW, we will probably never find the "smoking gun"; that is the nature of such schemes.¹ It is important nonetheless to examine *all* strands in the complex web of social, political, and environmental influences on this disease syndrome.

This article, along with the accompanying historical overview, will analyze the major alternative theories of the origin and spread of AIDS. These studies include not only a discussion of the hypotheses of CBW and medical experimentation, but also of the "normal" functioning of western medical and political institutions which may have originated or facilitated the spread of this disease and others. Even if all these theories prove wrong with respect to AIDS, they provide an educational—and chilling—journey through the sordid worlds of U.S. CBW, "development" programs, and profit-oriented western medicine.

Six Theories of AIDS Origin

Six theories which propose a particular virus or toxin as the primary cause of AIDS will be examined. First, the "official theory" of the natural origin of the HIV virus. Then, five alternative theories: a genetically-engineered HIV virus; dioxin; maguari and dengue viruses; African swine fever virus; and, finally, multiple factors (no single microbe).

Growing numbers of scientists have concluded that HIV is *not* the agent causing AIDS. For that reason, it seems extremely unlikely that HIV was genetically-engineered in a CBW research project. Beyond that, it seems too early to draw

1. Because of the absence of a "smoking gun," some left groups have dismissed the possibility altogether. For example, a booklet on AIDS published by Line of March asserts that the CBW hypothesis "actually undermines a truly effective critique of the U.S. government's backward role [in fighting AIDS] by putting forward a headline-grabbing claim with no substantiation." Nancy Krieger and Rose Appleman, *The Politics of AIDS* (Oakland: Frontline Pamphlets, 1986), p. 10.

* This article is the first of a two-part series; the second will appear in the next issue of CAIB.

The author gratefully acknowledges the assistance of the alternative theorists quoted herein, and of the following: Ben Dupuy and Jill Ives of *Haiti Progres*; Mike Salinas of the *New York Native*; Susan Cavin of *Big Apple Dyke News*; Tod Ensign of *Citizen Soldier*; Suzana Cabañas of the Center for Puerto Rican Studies at Hunter College; and French Wall of Boston City Councilor David Scondras's office.

The author will be continuing this investigation in the months ahead. He invites anyone, especially those with scientific or medical expertise, to contact him, c/o the CAIB New York office.

conclusions. Each of the other theories are powerfully suggestive. And new evidence of an AIDS-CBW link may yet come to light.

But whichever agent plays the central role in AIDS, it will not provide the full explanation for this complex syndrome. That depends on the presence of various co-factors which may make one vulnerable to AIDS. An analysis of these co-factors, and the role of western institutions in creating them, will be the subject of the second part of this article (to appear in the next issue of *CAIB*).

The "Official" Theory

According to most mainstream scientists investigating AIDS, the syndrome is caused by a retrovirus (a newly discovered form of virus) originally called HTLV-III or LAV, and now labeled HIV. Dr. Robert Gallo of the National Cancer Institute in Bethesda, Maryland, and Dr. Luc Montagnier of the Pasteur Institute in Paris, France, both regarded as distinguished research scientists, each claim to have discovered HIV in 1983-4.²

In spite of recurrent challenges by other scientists, and significant questions about some of the laboratories in-

2. Gallo and Montagnier waged a lengthy legal battle before reaching a settlement in March 1987 sharing credit and assigning royalties for the HIV-antibody test (widely used in blood tests) to an AIDS research foundation.

volved,³ the HIV explanation for AIDS has been disseminated so widely in the medical community—and the popular media—that it is now an article of faith. But constant repetition of a theory does not render it proven; it is still *only* a theory. In fact, several well-researched critiques of this theory have appeared in print, the most comprehensive of which was published by Dr. Peter Duesberg, a molecular biologist at the University of California.⁴ (For a full critique of the HIV theory, see Nathaniel Lehrman, "Is AIDS Non-Infectious?" in this issue.) Duesberg concludes that HIV may simply become activated after a prior microbe-caused infection produces immune suppression. At most, he maintains, HIV may produce a mild infection that in only some cases is followed by full-blown AIDS. Thus HIV can be a good *marker* to screen

3. A *Wall Street Journal* investigation in December 1986 concluded that the CDC AIDS laboratory "has been crippled by ego clashes, professional jealousies and perhaps worse. For months it has been dogged by allegations of hampered research, political meddling, and even sabotaged experiments." The article also described the inexplicable failure of the CDC lab to analyze a sample of HIV isolated "from a batch of blood samples collected in Zaire in 1976—the oldest AIDS virus ever found." A technician involved was barred from sending the samples out for analysis, and his records of the work, which might have yielded "important clues to the evolution of the disease," later "mysteriously disappeared." After the disillusioned technician had quit, the samples were apparently sent out. Jonathan Kwitny, "At CDC's AIDS Lab: Egos, Power, Politics and Lost Experiments," *Wall Street Journal*, December 12, 1986, p. 16.

4. *Cancer Research*, March 1987.

AIDS: The Medical Facts

AIDS, Acquired Immune Deficiency Syndrome, is the destruction of immune systems, leaving the body defenseless against a myriad of normally harmless micro-organisms. AIDS causes the development of unusual diseases called *opportunistic* infections (because they take the *opportunity* of immune deficiency to infect the body). Many such infections—viral, bacterial, and parasitic—have been listed by the U.S. Centers for Disease Control (CDC). Among the more common are *pneumocystis carinii pneumonia* (PCP), a lung infection, and *candida albicans*, a fungus creating scabs and lesions on the lips, mouth and throat. In other cases, AIDS results in *Kaposi's sarcoma*, a previously rare skin cancer which produces purple ulcers. More recently, it has been recognized that AIDS can also directly cause degenerative brain disorders.

In the generally accepted theory of how AIDS works, "HIV [human immunosuppressant virus], the so-called 'AIDS virus,' infects the T cells [a type of white blood cell], especially the T4 or helper T cells, which control the immune system. The helper T cells normally recognize foreign proteins, and instruct the B cells [another type of white blood cells which comprise] a different part of the immune system) to produce specific antibodies which attack the invading organism. In AIDS, *the virus kills most of the helper T cells*, so the immune system cannot identify the disease-causing organism. The B cells do generate lots of antibodies, but they are the wrong ones. Therefore, the body cannot resist certain opportunistic infections and cancers which, normally, it could easily control." (John S.

James, "DNCB AIDS/ARC Treatment," *New York Native*, December 15, 1986, p. 21.)

ARC, or AIDS-Related Complex, is a condition of mild immune suppression which may include swollen glands, extreme fatigue, weight loss, fungal mouth infections, decreased blood platelets (cells preventing excess bleeding), and chronic diarrhea. ARC often remains stable; in some cases it progresses to AIDS.

Means of Transmission

Most of the transmission methods of AIDS are well established, although there remains some controversy. This much is clear: AIDS is first and foremost a blood-borne disease. That is, it is most efficiently transmitted through direct transmission of infected blood or semen into a person's bloodstream. That can happen via contaminated hypodermic needles—either in a clinical setting where scarce disposable syringes are reused, or among intravenous drug users who share their "works." Another such mode is the transfusion of infected blood, or in the case of hemophiliacs, an infected dose of "Factor VIII," a blood-clotting substance vital for their survival. (However, blood screening tests instituted since 1985 have probably eliminated much of this problem in the western world.)

Sexual transmission of AIDS is most likely during anal sex, when tiny tears in the rectal mucous membranes can create openings through which infected semen may enter the bloodstream. (Some doctors believe semen can directly enter the blood even without such tears.) This is the most

stored blood for possible AIDS infection, but it is unreliable in individual blood tests, except among members of groups at high risk for AIDS.

Mainstream scientists say that HIV was a harmless virus in Central African green monkeys which jumped species to humans through bites or meat consumption, and mutated to a form that produced AIDS. According to this theory, after its "natural" origin in poor, rural areas of Central Africa, AIDS spread to the region's cities as residents of the countryside migrated there. As for the timing, Gallo cites evidence of HIV antibodies in frozen blood samples of Africans taken as far back as 1959 to demonstrate that the disease clearly began in Africa long before its appearance elsewhere (generally agreed to be 1977-78).⁵

But a host of evidence challenges this speculative line of thought. First, the green monkey theory has major problems. (See Lehrman article in this issue.) Second, scientists note that as frozen blood gets older, if not stored properly, it will often register "false positive" readings of antibodies.⁶ Third,

5. Several retrospective studies of blood samples purport to show HIV widespread in Africa in the 1960s and early 1970s. The largest such study, widely quoted, was based on Ugandan children, taken in 1972-73, which shows two-thirds with HIV antibody but none with AIDS. Ann Giudici Fettner and William A. Check, *The Truth About AIDS* (New York: Holt Rinehart & Winston, 1984), p. 203.

6. Luc Montagnier, as quoted in Jakob and Lilli Segal, *AIDS: USA-Home*

if in fact there were many HIV-infected people in Africa beginning in the 1960s, why wasn't a major AIDS outbreak recorded then? U.S. AIDS "experts" argue that the poor quality of medical facilities in much of Africa—and the fact that several AIDS-related illnesses were around long before the 1970s—might have prevented its identification until U.S. doctors noted the syndrome in 1981. But surely such an epidemic as suggested by the blood studies would not have gone completely unnoticed. And urban upper-class Africans and European residents have always had access to quality medical care. Indeed, it is among these classes that AIDS was first diagnosed in 1982 when they visited Europe desperately seeking medical care for a new seemingly incurable disease; then, retrospective evaluation of others' medical records dated the first African cases to 1978.⁷

Made Evil, no date, no publication information (c. 1986), p. 28. A detailed critique of the frozen blood "evidence" of AIDS is on pp. 26-33.

7. A study of cases of cryptococcal meningitis (CM), an AIDS-associated infection, at the University Hospital in Kinshasa, Congo/Zaire, showed that the infection, very rare before 1978, dramatically increased that year, as did the mortality rate (up from 43 to 100 percent). Study by Antwerp Institute of Tropical Diseases, quoted in Graham Hancock and Enver Carim, *AIDS: The Deadly Epidemic* (London: Victor Gallancz Ltd., 1986), p. 120. Four researchers who studied blood test results of 4,000 Africans in seven countries concluded, "It would seem that the epidemic of AIDS in Africa started at about the same time as, or even later than, the epidemics in America or Europe." G. Huntsman *et al.*, reported in *British Medical Journal* (date unstated), as quoted in Hancock and Carim, *op. cit.*, p. 119.

common means of spread among gay men, but is also a risk for women who engage in this practice. Similarly, penile-vaginal sex where the vagina is injured or has an open sore can provide another means of transmission (from male to female). However, the tougher nature of the vaginal membranes renders the chances of semen entering the bloodstream vaginally much less likely than rectally. (The question of female-to-male transmission is highly controversial. Although there may be some such cases, the evidence is slim.) None of these points, however, means that sexual intercourse without a condom is a practice without risk of AIDS.

The final established mode of transmission is from mother to unborn infant, through means thus far undetermined. Some cases have been recorded where the mother did not have AIDS at the time of giving birth, but did test positively for HIV. In any event, the result has been the horrible reality of babies born with AIDS. In the U.S., 90 percent of these infants are non-white.

One unconfirmed transmission mode is insects, with particular attention to mosquitoes and ticks in tropical regions. (See "Alternate Theory #3: Maguari and Dengue Viruses," in accompanying article.) From evidence in some poor neighborhoods in Florida, there seems to be a strong case that bad sanitation—open sewers, stagnant water supplies, windows without screens—may be breeding grounds for AIDS.

All medical researchers, except a few with clearly stated rightwing biases, agree that *AIDS cannot be spread by casual contact, whether in the workplace, school, or home*. This includes human touch, food handling, sharing bathrooms and beds, sneezing, coughing, etc. Long term studies of people with AIDS living with their families have clearly established this, as have scientific examinations of fluids from people with AIDS once outside the body. A

1985 study showing the presence of minute amounts of HIV in saliva and tear drops was consciously distorted by sensationalist media and rightwing politicians to generate needless hysteria. There has never been a documented case of AIDS spread through sharing cups or kissing. However, as a precaution, some doctors advise avoiding deep kissing involving exchanges of large amounts of saliva.

Measures to prevent the spread of AIDS, as recommended by experts, include avoiding taking semen into one's body or sharing intravenously used needles. The use of condoms is essential, though not foolproof. More specific lists of sexual "do's and don'ts" are available from many AIDS service organizations. What is unfortunately not so often mentioned are equally important health practices to maintain one's immune system. It is increasingly clear that a damaged immune system makes one susceptible to AIDS. Thus, it is important to maintain good nutrition and try to avoid highly processed, devitalized foods in general, and sugar and white flour in particular. Also important is avoidance of "street" drugs, some of which are profound immune suppressors. This is particularly true of "poppers," or nitrite inhalants, a popular drug among gay men. Also important health-maintenance measures are stress reduction, adequate sleep and exercise. (For more specific advice on immune-strengthening measures, consult the Resource List following this article.) ●

Sources: Victor Gory, M.D., *Understanding AIDS: A Comprehensive Guide* (New Brunswick, New Jersey: Rutgers University Press, 1985); Institute of Medicine, National Academy of Sciences, *Mobilizing Against AIDS* (Cambridge, Massachusetts: Harvard University Press, 1986); and Gay Men's Health Crisis, *An Ounce of Prevention is Worth a Pound of Cure: Safer Sex Guidelines* (New York: GMHC, 1986).



In the U.S., movements of people with AIDS (PWAs) and supporters, led by lesbians and gay men, have mounted angry protests against mandatory HIV antibody testing and government inaction on treatments. Credit: Donna Binder.

The "official" theory of the spread of AIDS from Africa to the Western Hemisphere has been stated by Gallo: "It appears that after remaining localized for some time [in limited parts of central Africa], the virus began spreading to the rest of central Africa during the early 1970s. Later in that decade it reached Haiti and may have reached Europe and the Americas from there."⁸ After the Belgian Congo won its independence in 1960, several hundred Haitian teachers moved there to help their sister French-speaking country. It has been suggested that some may have become infected with AIDS and spread it sexually upon their return home. It is then speculated that North American gay tourists in Haiti, a popular gay vacation spot in the 1970s, may have contracted the disease from male prostitutes—of which there were (and still are) many. From there, it is theorized, traveling gays spread AIDS throughout the U.S. and Europe, and gay intravenous (IV) drug users spread it to other IV drug users through shared needles.

But this theory is purely speculative, and there are other equally logical explanations for the international spread of AIDS.⁹ For now, any dogmatic adherence to a particular place and time of origin, or a particular path of transmission, should

8. Robert Gallo, "The AIDS Virus," *Scientific American*, January 1987, pp. 47, 56.

9. For example, AIDS might have spread by the corporate purchase of human blood—a common practice in Haiti and central Africa through the late 1970s—for use in transfusions and vaccines in the West. The blood transmission theory will be explored in the second part of this article, in the next issue.

Also, Ben Dupuy, editor of the New York newspaper *Haiti Progres*, told the author that most Haitians who left the Congo went directly to the U.S. and Canada, rather than returning home, where repression had worsened by the late 1970s. Dupuy and others have called the African/Haitian origin theory "racist." If anything, they argue, AIDS was more likely spread to Third World countries by traveling westerners, instead of the reverse. In addition, it has been suggested that there is a secret CBW facility at the U.S. base at Môle St. Nicholas, Haiti.

It is true that some racists have used the official theory to blame Africans and Haitians for AIDS. However, several of the alternative theories in this article suggest that valid evidence of an African or Haitian origin of AIDS, implicating western institutions, may yet emerge. See also CBW article in this issue, n. 36, for suggestions of CBW facilities on secret U.S. military bases in Congo/Zaire and Haiti.

be looked on with suspicion until more complete information is available. This means that all of the various alternative theories should be fully explored.

Alternative Theory #1: Genetically-Engineered HIV

Two East German microbiologists, Jakob and Lilli Segal, have published the most detailed argument for a chemical-biological warfare (CBW) origin of AIDS.¹⁰ This is the current theory widely quoted by the Soviet Union and reprinted in the international press. The Segals agree with establishment scientists that HIV is the cause of AIDS, but maintain it was genetically engineered by the U.S. Army and then released unknowingly through an experiment on human guinea pigs. They call AIDS "a military blunder." Asserting that AIDS first appeared in New York in 1979, then in Europe and Africa in 1982, they posit the following scenario:¹¹

First, the U.S. Army's CBW laboratory at Fort Detrick, Maryland, in violation of the treaty signed by the U.S. in 1972, continued CBW research and development. Then, as the technology of genetic engineering emerged in the mid-1970s, the military moved to harness it for CBW use.

At Fort Detrick, the Segals continue, it was customary to use, in experiments with disease-causing agents, "volunteer" prisoners promised release if they survived. In 1977 "the first test persons were probably infected" with genetically engineered HIV. But since no serious symptoms were noted, even after a year, apart from cases of apparently harmless swollen lymph glands, the newly created pathogen was regarded as ineffective and the "volunteers" were released.

Finally, they say, "Criminals who had engaged in homosexual practices during the long time of their imprisonment obviously concentrated in the nearest big city after their release; it is therefore logical that after the end of the incubation period, i.e., about 1979, the first AIDS cases should have been registered in New York, to begin with, exclusively among homosexual men.... AIDS cases were reported in Europe and Africa three years later [1982].... In many cases the primary infection may be traced back to the USA [via sexual contact with visiting gay or heterosexual men.]"

Analysis of the Theory

Let us examine these premises. The Army's continued CBW activity, in violation of the 1972 treaty, is clearly true. Army use of genetic engineering in CBW work since at least the 1970s is also known.

The use of prisoners as guinea pigs is also borne out by historical data. (See accompanying article on CBW.) As the Segals accurately note, there is a long history of illness among experimental subjects at Fort Detrick, though never a recorded epidemic. However, there is no information as to whether prisoners were actually infected with AIDS there in 1977. Moreover, the description of the movements of released prisoners is questionable. The "nearest big city" to Frederick, Maryland, is either Baltimore or Washington, (each about 45 miles away), not New York City (200 miles away). Since Fort Detrick has historically used prisoners from local institutions, many from Baltimore or Washington, it would bolster

10. Segal and Segal, *op cit.*, n. 6.

11. *Ibid.*, pp. 2, 12, 13, 15.

the Segals' arguments if AIDS had first appeared in those cities.

The later onset of AIDS in Africa is also questionable. Growing epidemiologic evidence suggests outbreaks of AIDS in 1977-78 in the U.S., Haiti, Brazil, and central Africa. The first cases in the rest of the world apparently came a few years later.

What of the science behind the Segals' theory? They devote seven pages to a specific analysis of the HIV genetic structure. In addition, John Seale, a London specialist in venereal disease, and Robert Strecker, a Los Angeles internist, have each put forward the theory of a genetically-engineered HIV, with slight technical differences, although the two have blamed the Soviet Union for AIDS.¹² (See sidebar.)

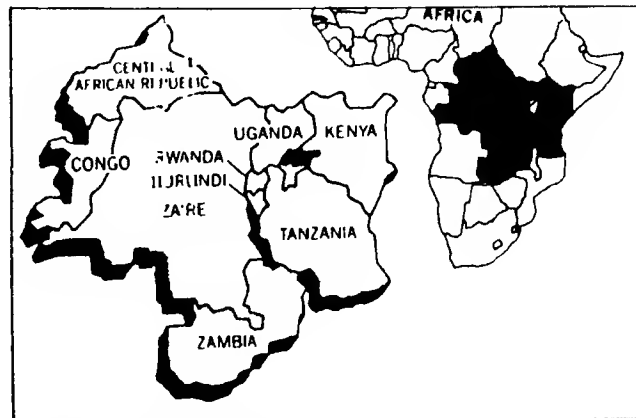
These advocates of the artificial HIV theory all note the structural similarities of HIV to visna virus, a pathogen in sheep which causes a serious brain disease with some similarities to AIDS. The Segals say, "There could not have been a coincidental, spontaneous transition from visna to AIDS virus [HIV]." Rather, they argue that the visna virus was artificially combined with the HTLV-I virus, another retrovirus which some scientists say causes human lymphoma, a cancer of the white blood cells.

According to the Segals, HIV is "a system of two components of different origin, artificially joined through genetic engineering."¹³ Seale and Strecker agree that visna is one of the components; as the second part of HIV, Seale proposes equine (horse) infectious anemia virus while Strecker suggests bovine (cow) leukemia virus. The two doctors note that the techniques for laboratory growth of such animal viruses in human cells had just been developed in the early 1970s.

These theorists argue that certain traits noted in HIV give support to the idea that it was artificially created. The Segals say HIV's "numerous mutations" demonstrate that it is a recently created combination, "both parts of which have not yet had time to co-ordinate with each other.... It could hardly be assumed that a system with such a marked genetic instability should be the result of a biological evolution."¹⁴ Seale claims that "the modes of transmission of AIDS are highly suggestive of a man-made virus."¹⁵ He explains that the blood-borne spread of AIDS "would be expected" if HIV had resulted from a laboratory combination of viruses in human cell cultures.

However, other authorities disagree strongly. Dr. Richard Tedder, consultant virologist at Middlesex Hospital in England, rejects the theory, saying it is not possible for visna virus to have been changed into an agent that attacks human beings.¹⁶ A more detailed critique comes from Dr. David Dubnau, Chairman of the Microbiology Department at the Public Health Research Institute in New York and research professor of microbiology at the New York University School of Medicine.

Dubnau has been active for years in the movement against U.S. CBW research, and testified in the 1986 suit brought by the Foundation of Economic Trends against the Army's Dugway Proving Grounds in Utah, forcing the preparation of an



Map shows the nations in central Africa hardest hit by the AIDS epidemic.

environmental impact statement. Dubnau studied the analyses of the Segals, Seale, and Strecker, and told the author, "They are simply wrong. They claim that HIV is closely related to visna. It is somewhat related but not closely. There are hundreds of individual differences distributed along the length of the virus. If recombination with another virus had occurred, HIV would have a big section of each parent, but each section would be nearly identical to its parent. That is not the case."

Dubnau also rejects the argument that HIV's mutations show its artificial origin. "Many recombinant molecules are perfectly stable. On the other hand, the reason we keep having new flu epidemics is that the influenza virus mutates in nature." Dubnau also says that "you can't tell from the mode of transmission how a virus originated—that's not evidence of anything."

Finally, it must be pointed out that the entire artificial HIV theory rests on the assumption that in fact HIV is the virus which causes AIDS, a theory which has become increasingly questionable.¹⁷ Still, if the artificial-HIV theory is wrong, that does not rule out a role for CBW-related genetic engineering in AIDS. Given the military's heavy involvement in such hi-tech CBW research, investigations in this area must proceed.

Alternative Theory #2: Dioxin

Dioxin, one of the world's most toxic chemicals, is a component in a formula of herbicides called "Agent Orange." This CBW agent was used by the U.S. military in massive quantities during the Vietnam War to defoliate jungles believed to shelter guerrillas. Similar herbicides have been used domestically and internationally in commercial agriculture. Dioxins are also released when PCB, another herbicide, is burned. There are herbicide factories and waste dumps near several major U.S. cities. Could AIDS be one unrecognized

12. John Seale, letter to *Journal of the Royal Society of Medicine*, August 1986; Robert Strecker, letter to *Journal of the Royal Society of Medicine*, September 1986.

13. Segal and Segal, *op. cit.*, pp. 11-12.

14. *Ibid.*

15. Seale, *op. cit.*, n. 12.

16. Hancock and Carim, *op. cit.*, n. X, p. 73.

17. In another article in this issue, Dr. Nathaniel Lehrman persuasively argues against HIV as the cause. However, he also agrees with the Segals, *et al.*, that HIV was engineered. He reconciles the two ideas by speculating that AIDS results from a toxin mixed with genetically engineered HIV to deceive medical investigators. He believes that substance may then have been spread among the affected populations in a U.S. CBW operation. Dr. Lehrman's double-layered hypothesis, accepting both genetic engineering and toxic co-factors, poses logical difficulties.

result of dioxin poisoning? This theory has been proposed by two separate researchers, Dave Bergh, a Minnesota veterans' rights and environmental activist, and Earl Zela Tex Aldredge, Director of the Hazardous Waste Task Force for Jersey City, New Jersey. Both are Vietnam veterans. Many of these veterans developed severe dioxin poisoning through exposure to sprayed regions of Vietnam. Among the Vietnamese themselves, the toll in illness, deaths, and congenital defects has been horrendous. (See accompanying article on CBW.)

Parallels: Dioxin Poisoning and AIDS

What evidence is there that AIDS patients may be suffering from dioxin poisoning? Dr. Susan Cavin, a political sociologist, Women's Studies lecturer at Rutgers University, and editor of *Big Apple Dyke News*, a New York lesbian journal, researched this theory and published a series of articles on it in 1983.¹⁸ She suggested that the most likely connection to AIDS is through indirect dioxin exposure.¹⁹

Dow Chemical, a major dioxin producer, continually claims that the substance's only proven effect is chloracne, a mild skin eruption. But this is only in cases of direct exposure, and only the first symptom. Indirect exposure produces a host of secondary symptoms. Citing studies by Vietnamese Prof. Ton That Tung, the world's foremost expert on dioxin poisoning, Cavin found 23 symptoms of indirect dioxin exposure which parallel those of AIDS.²⁰ A federal health report noted in 1983 that "epidemiological evidence has suggested that immunotoxic chemicals or factors may act as pre-disposing agents in patients who develop AIDS." Specifically listed was a category of chemicals including dioxin.²¹ The immune-suppressive characteristics of dioxin have been documented in laboratory, workplace, and environmental studies.²²

18. Susan Cavin, "Unverified Theory: Is AIDS Dioxin Related?" *Big Apple Dyke News*, July 1983; August-September 1983; October-November 1983.

19. As opposed to direct dousing, this includes walking in an area where the herbicide has been sprayed or dumped (anywhere from minutes to years later) or consuming contaminated food or water. Indirect exposure may also include sexual contact with a contaminated person. The seriousness of poisoning, and the time for symptoms to manifest, depend on the degree of exposure. *Ibid.*

20. Among these are: soft tissue sarcomas (cancerous tumors), weight loss, lung disorders, thymus and spleen depletion, liver damage, brain disorders, and personality changes. Perhaps the most important AIDS parallel is the dramatically decreased resistance to infection, accompanied by severe depletion of T-lymphocytes and leukocytes (white blood cells key to immune functioning). According to Prof. Ton, serious dioxin poisoning "shows the clinical table of a true Addison's disease," which is characterized by fungus infections, often found in AIDS patients. Ton That Tung, "Herbicides and Defoliants in War," *Vietnam Courier*, Hanoi, 1983, cited by Cavin, August-September 1983, *op. cit.*, n. 18. Lymphomas (lymph node cancers) are present in some AIDS cases and have been linked to dioxin poisoning. Bergh reports that "U.S. Vietnam veterans are experiencing lymphomas at a rate one-third higher than expected." Dave Bergh, "AIDS May Be Tied to Chemicals," *Daily Times* (St. Cloud, Minn.), September 30, 1983.

21. National Toxicology Program (Department of Health and Human Services), *Annual Plan for FY 1984* (Washington: Government Printing Office, 1983), p. 157. Bergh notes that dioxin causes mutations and theorizes that dioxin dumping in Central Africa in the 1970s caused HIV, a previously harmless virus, to change character and become fiercely aggressive, thus producing AIDS.

22. CDC, *Morbidity and Mortality Weekly Report*, April 6, 1984, p. 160, citing NIOSH, *Current Intelligence Bulletin*, Number 40, January 23, 1984; Michael I. Luster, Robert E. Faith, George Clark, "Laboratory Studies on the Immune Effects of Halogenated Aromatics," published in William J. Nicholson and John A. Moore eds., *Health Effects of Halogenated Aromatic Hydrocarbons* (New York: New York Academy of Sciences, 1979), p. 473; and a study by British researcher, Dr. A. Milton Ward, released by Rep. Tom Daschle (Dem.-S.D.), of workers exposed to large doses of dioxin, reported

The second clear similarity between AIDS and dioxin poisoning is the delayed onset of symptoms. AIDS has been estimated to have an incubation period of anywhere from one to seven years. The period for dioxin poisoning also varies substantially depending on dosage, with small exposures taking a long time to manifest symptoms.²³

A third parallel is the fact that both syndromes are communicable to other people. Although the studies most often cite surface spread of dioxin through clothing and close personal contact, a possible sexual transmission route has also been suggested.²⁴

Exposure of Vietnamese people and U.S. troops to aerial spraying is the best known source of dioxin poisoning. But within the U.S., according to the federal Environmental Protection Agency, "the most notable human exposures to 2,3,7,8-TCDD [dioxin] have occurred through accidental releases in chemical factories or by exposure to contaminated materials or areas."²⁵ Among other exposures cited were agricultural applications of herbicides, ingestion of dioxin-exposed food, and inhalation of burning dioxin wastes. Bergh and Cavin found a strong correlation between U.S. states with many dioxin factories or dumps and high rates of AIDS.²⁶

But if this theory were true, why would AIDS in the U.S. strike primarily gay men, IV-drug users, hemophiliacs, transfusion recipients, and the sexual partners of these people? The CDC uses the hepatitis-B model to explain AIDS; that is, both diseases affect very similar groups. According to Cavin, "the Vietnamese dioxin experts are now pursuing the theory that dioxin poisoning follows the Hepatitis-B model of disease." Cavin argues that if the AIDS-dioxin theory is true, "this previous history of Hepatitis-B...may explain why these subgroups get AIDS first."²⁷

Testing the Theory

To prove or disprove this theory would require at least two

in Tod Ensign, "The Deadly Truth About Dioxin," *Guardian*, July 27, 1983, p. 7.

23. Studies in 1965 and 1969 examining direct exposure from an industrial accident at a dioxin production plant near Prague, Czechoslovakia found that "maximum symptoms were observed about one to two years after the initial exposure." Article in *Bioscience* (no citation given), quoted in Cavin, July 1983, *op. cit.*, p. 17.

24. Dr. Arthur Galston, who helped ban the spraying of Agent Orange in Vietnam in 1970, stated in 1982, "It's now known that in the seminal fluid [of exposed people] there are significant traces of dioxin." This suggests the theoretical possibility of AIDS cases several steps removed from the original exposure. Speech at Agent Orange Veterans International Convention, Stamford, Connecticut, October 23, 1982, quoted in Cavin, July 1983, p. 18.

25. M.P. Esposito, et al., Industrial Environmental Research Laboratory, *Dioxins* (EPA-600/2-80-197) (Washington: Government Printing Office, 1980) p. 223.

26. According to the EPA, there are suspected dioxin dump sites at closed factories in New York City and Newark, New Jersey. Aldredge's Hazardous Waste Task Force adds that several rivers and bays in the New York-New Jersey area are also assumed to be contaminated. New York City and Newark are among the cities with the highest per capita AIDS rates in the U.S. Based on EPA information on dioxin sites and CDC statistics on AIDS, Cavin found that 8 out of 9 states (89 percent) high in suspected or confirmed dioxin dump sites also had high rates of AIDS, while 25 of 26 states (96 percent) with no known sites were very low in AIDS cases. Cavin, *op. cit.*, n. 18, August-September. Bergh noted, "in the U.S., approximately 90 percent (and possibly all) of the reported cases of AIDS occur in states having chemical plants that produce Agent Orange-type substances." *Op. cit.*, n. 20.

27. *Ibid.*, October-November 1983, p. 10. Cavin adds, "The Vietnamese dioxin experts write that the first organ dioxin attacks is the liver. People with previous histories of liver damage [such as caused by hepatitis-B] would be overly sensitive to dioxin in the environment."

steps. First, relevant epidemiological information would have to be gathered on people with AIDS (PWAs) with possible dioxin exposure.²⁸ But obtaining comprehensive statistics on such matters will be difficult.²⁹ Second, tests for dioxin poisoning of a large sample of PWAs would be needed. Given the likely dioxin exposure of many Vietnam veterans, tests of such vets who have AIDS would seem a fruitful beginning. Prof. Ton writes, "Only the examination of chromosomes has made it possible to attribute [particular symptoms] to a serious poisoning by defoliants."³⁰

But major political obstacles stand in the way of verification.³¹ Independent of any questions regarding AIDS, continual efforts by veterans to have systematic studies done of dioxin contamination—which could be done through blood and fat testing—have been frustrated. In particular, the CDC and Veterans' Administration have dragged their feet on such tests and downplayed the possibility that dioxin has serious adverse health effects.³²

However, in the 1960s the chemical industry was quite willing to run a different kind of dioxin test in total secrecy, exposing prisoners to dioxin to examine its short-term effects. (See accompanying CBW article.) We will never know whether some of those prisoners developed early cases of AIDS. By the time the scandal broke in 1980, none of the subjects could be located.

Questions About the Theory

But questions about the dioxin-AIDS theory abound. Has there in fact been a disproportionate development of AIDS among Vietnam veterans? If so, why have not more veterans' advocacy groups called attention to this? How does the theory explain the dioxin poisoning symptoms apparently *not* present in AIDS patients—especially cancers other than Kaposi's sarcoma and chromosomal damage (which has already produced birth defects in the next generation)? If the theory is true, why doesn't Vietnam report an inordinately high rate of AIDS? If, as the industrial accident studies show, dioxin poisoning takes one to two years to manifest, why was AIDS not found among veterans in the 1960s and early 1970s (after its first use in Vietnam)? And how would the theory account for the high AIDS rates in Central Africa, Haiti, and Brazil? Is dioxin being used in those countries as an herbicide in agriculture?

Further investigation may yet yield satisfactory answers to these questions. In the meantime, perhaps dioxin poisoning

28. In her informal research, Cavin discovered one suggestive, though unverified, fact: "Over a hundred gay Vietnam veterans have been hospitalized with AIDS in the Manhattan VA [Veterans Administration] Hospital in the last year [1982-3]." *Ibid.*, August-September 1983, p. 20.

29. The CDC told Cavin that their standard AIDS questionnaire includes no question about prior military service. And when Cavin queried VA officials, they refused to acknowledge the existence of gay veterans in their hospitals. Similar resistance could be expected—from patients as well—to any acknowledgment of IV drug use history.

30. Ton That Tung, *op. cit.*, n. 20.

31. In 1979, 20,000 Vietnam veterans filed a class-action suit against seven dioxin manufacturers, charging numerous adverse health effects. (For decades, members and former members of the armed services have been barred from suing the government for injuries sustained in the course of their military service. That law is now undergoing change, as the Supreme Court modifies what is known as the *Feres* doctrine.) In 1984, the manufacturers settled out of court for \$180 million, partly to avoid revealing their medical information. Some veterans are challenging the settlement, charging that it only allows meager compensation per person and denies the airing of the facts.

32. Janet Gardner, "Answers at Last? New Agent Orange Research," *The Nation*, April 11, 1987, pp. 460-463.



Laboratory technicians at the University of Puerto Rico work with frozen samples of HIV, which the "official" theory claims to be the cause of AIDS. Scientists seeking research funds to study other possible causes have faced constant obstacles. Credit: *El Nuevo Dia*.

should tentatively be added to the list of co-factors for AIDS. That is, perhaps dioxin contamination weakens one's immune system, so that when later exposed to whatever agent triggers AIDS, one is more likely than others so exposed to develop the disease.

Alternative Theory #3: Maguari and Dengue Viruses

The maguari-dengue theory was developed by Mark E. Whiteside, M.D., and Caroline MacLeod, M.D., M.P.H., co-directors of the Institute of Tropical Medicine in Miami, Florida. They have researched and treated AIDS since 1982, having examined over five hundred PWAs in both Miami and Belle Glade, Florida. The small rural town of Belle Glade has the highest per-capita AIDS rate in the U.S.³³ This poor migrant worker community has a majority Third World population which includes North American Blacks, Jamaicans, Cubans, and many Haitians who arrived as refugees in 1980. The town also has a segregated, white middle-class neighborhood, with no known AIDS cases.

Questions about Heterosexual Spread

In analyzing Florida AIDS cases, Whiteside and MacLeod were struck by the high percentage in the CDC's category of "unknown cause" or "no identifiable risk" (NIR)—PWAs who are neither gay men, IV drug users, hemophiliacs, or blood transfusion recipients. NIR figures range from 22 percent for Florida to 30 percent in Miami to 50 percent in Belle Glade.³⁴ Since separate CDC figures (4 percent in Belle Glade) account for heterosexual sex with "risk group" members, the CDC can

33. Among Belle Glade's population of 20,000, there have been 75 reported cases of AIDS and 200 of AIDS Related Complex (ARC). Whiteside believes there were 100 more "suspect" cases among those who died without time for full diagnosis. Surveys show 10 percent of the population in poor neighborhoods tests positive for the HIV antibody. The male to female ratio of Belle Glade's AIDS cases is three to one, much closer to that of the Third World than to the rest of the U.S. (Interview with Mark Whiteside.)

34. The 50 percent Belle Glade figure includes 30 percent Caribbean-born and 20 percent U.S.-born (mostly Black). M. Whiteside, C. MacLeod, et al., "Outbreak of NIR AIDS in Belle Glade, Fla." (Abstract), International AIDS Conference, Atlanta, Ga., April 17, 1985.

only attribute these large numbers of NIR cases to "heterosexual transmission," one step removed from people who have had sex with "risk group" members.

Whiteside and MacLeod emphatically disagree. They challenge government studies showing that "heterosexual transmission" is the major factor spreading AIDS in tropical regions.³⁵ Such studies, Whiteside argued in a 1986 letter,³⁶

35. Approximately 85 percent, according to World Health Organization figures; however, that figure is lower in Brazil, with large communities of IV drug users, gay men, and male prostitutes.

36. Letter from Mark Whiteside to Kenneth Robin, Esq., August 4, 1986,

were "seriously flawed by overwhelming bias, inadequate controls, and lack of prospective data." Noting that 15 to 22 percent of AIDS cases in Africa are among children (only half of whose mothers tested positive),³⁷ he asked how the sexual

pp. 1, 3. This letter was written to a Lyndon LaRouche-affiliated organization in connection with its campaign for a ballot proposition on AIDS. (See sidebar, "Lyndon LaRouche and AIDS Theorists.")

37. N. Clumeck, "Overview of the AIDS Epidemic and its African Connection," International Symposium on African AIDS, Brussels, Belgium, Nov. 22-23, 1985.

U.S. Reaction to AIDS: Malign Neglect and Social Repression

Of all the western nations, the United States has been the most resistant to implementing needed programs. After the identification of AIDS in 1981 and the rapid recognition of its disproportionate presence in the gay and Third World communities, the Reagan administration moved with criminal slowness, and then only under strong pressure, to institute AIDS programs. This is in stark contrast to the rapid federal research effort after the 1976 Legionnaire's Disease outbreak, which killed 29 members of the nearly all-white, heterosexual, male American Legion. As a gay Boston City Councilor noted, "AIDS among Central Africans, IV drug users, Haitians, or Florida's poor has been easy for our government to ignore because these groups are perceived as politically powerless."¹ Indeed, a federal health official told a delegation of gay elected officials that "AIDS funding must be adjusted to accommodate the Administration's military priorities."²

Eighteen months and thousands of lost lives into the epidemic, the first meager federal funding was diverted from existing health programs, including the already underfinanced Indian Health Service. Today, the AIDS budget has increased, but much money goes to high-tech research into a possible vaccine which looks increasingly dubious. Meanwhile, "the testing of new drugs for AIDS proceeds at a snail's pace."³ Trials on several promising drugs and natural therapies have yet to begin.⁴ Widespread public education, a critical priority to prevent the spread of AIDS, has yet to get off the ground. A 1985 congressional study on AIDS education programs criticized the "minimum funding" allocated, adding that "one reason may be that providing advice on preventive practices may be viewed as con-

doning bisexuality, homosexuality, or intravenous drug abuse."⁵ For Black and Latino communities, the federal unwillingness to fund AIDS education has directly contributed to the devastating spread of the disease. Some activists have also denounced the refusal either to distribute free needles to IV drug users or to enlarge grossly underfunded addiction treatment programs.

The AIDS crisis has been exacerbated by what many call "the other epidemic": AIDS hysteria and discrimination. Throughout the western world, government officials and rightwing groups have consciously used public fears of AIDS to advance a dangerously repressive political agenda.

The corporate media have generally been willing allies in this process, which builds on long-established popular revulsion towards gay men (and lesbians too, though they have virtually escaped AIDS), intravenous (IV) drug users, Blacks, Latinos, and Third World immigrants. Thus, those suffering from AIDS are blamed for their disease and support for treatment is undermined. Among the results has been a dramatic rise in violence against gays and lesbians, some of it explicitly in response to AIDS. Both people with AIDS (PWAs) and gay people overall have been fired from jobs, evicted from housing, and denied insurance in increasing numbers; children with AIDS have been excluded from schools. In the early 1980s, when the U.S. Centers for Disease Control (CDC) listed Haitians as an AIDS "risk group" (a thoroughly unjustified step later revoked under community pressure), Haitians in the U.S. experienced vast increases in discrimination and violence which was already a problem for them.

At the same time, manipulated public hysteria over the spread of AIDS has been used to gain support for racist, anti-immigrant, anti-gay, and anti-worker measures, and to accelerate a growing trend towards sexual repression—issues on which the well-financed and well-organized New Right has been developing its forces since the mid-1970s.

The range of repressive consequences of AIDS is led by the increasing mandatory use of the misnamed "AIDS

1. David Scondras, "AIDS: A Medical Reality, A Political Crisis," *Guide to Gay New England*, June 1986, p. 4.

2. Donald McDonald of the U.S. Public Health Service, *Ibid*.

3. James Ridgeway, "Killing Them Softly: Reagan's Real AIDS Policy," *Village Voice*, May 12, 1987, p. 31.

4. For example, AL-721, a natural food supplement made from egg yolks, has been favorably noted by the National Cancer Institute as a retardant of AIDS infection of T-cells. Yet the U.S. company with the patent refused to produce it, and an AIDS newsletter has reported that "important federal officials...want AL-721 to never be approved, because they are committed to other treatment approaches instead." However, the substance has recently been made available by PWA Health Group, Box 234, 70A Greenwich Ave., New York, NY 10011.

5. Overall, the level of federal spending on AIDS was denounced in 1986 by the prestigious Institute of Medicine of the National Academy of Science as "woefully inadequate." U.S. Congress, Office of Technology Assessment, *Review of the Public Health Service's Response to AIDS* (Washington: Government Printing Office, 1985), p. 7.

transmission theory could explain this. Furthermore, he maintained, "an untreatable, sexually-transmitted disease (like herpes) does not confine itself to a single poor neighborhood."³⁸

Whiteside concluded, "the conviction that AIDS is due to sexual habits ('promiscuity') among poor people in the tropics or in South Florida seems to me a narrow and quite prejudiced attitude."

38. Mark Whiteside, D. Withum, D. Tavis, C. MacLeod, "Outbreak of no-identifiable risk AIDS in Belle Glade, Florida," International Conference on AIDS, Atlanta, Georgia, April 17, 1985.

test"—which is not that at all, but rather a test for antibody to HIV, the alleged cause of AIDS. Putting aside the substantial rate of false readings, a positive result merely shows one has a limited possibility (20-30 percent within five years, by CDC estimates) of later developing AIDS.⁶ So-called "confidentiality" rules about test results are often breached, and once the information is in a government file, it is always subject to release in the future if such protective rules are repealed. Positive results are already becoming the basis for discrimination in employment, insurance, and immigration.⁷

The antibody test has become mandatory for U.S. military personnel, foreign service officers, and Job Corps applicants (the latter being primarily poor Third World people). More institutions are imposing this test on their employees. (It is worth noting that this coincides with drug-hysteria-induced mass urine testing for drug traces. Both kinds of tests are similarly aimed at intimidating workers. See Richard Hatch, "Drugs, Politics, and Disinformation," in this issue.) Federal prisons now require the antibody test for new inmates and state institutions using these tests have subjected positive testers to segregation and harassment.⁸ The Reagan administration has announced mandatory testing for immigrants applying for permanent resident status.

At all governmental levels, there are proposals to legalize discrimination against PWAs, people who test antibody positive, and even people *perceived* to be at risk for AIDS. In June 1986 the Justice Department ruled that all these categories of workers may legally be fired by their employers. The ruling was widely condemned by public health organizations and a range of political figures.

Quarantine, a measure totally unjustified and inappropriate for a syndrome like AIDS which cannot be spread

6. Bernard Weinraub, "Health Officials Seek AIDS Test for Immigrants," New York Times, May 16, 1987. There is a question how high the figure may rise as time goes on; some say 100 percent. See also discussion of HIV antibody in Lehrman, "Is AIDS Non-Infectious?"

7. The discriminatory potential is enormous. Studies show HIV antibody rates ranging from 17-67 percent among U.S. gay men, 50-87 percent among IV drug users, and 4-20 percent among people in Haiti and central Africa. (By contrast, the figure is 0.5 to 1 percent for the overall U.S. population.) Peter H. Duesberg, "Retroviruses as Carcinogens and Pathogens: Expectations and Reality," *Cancer Research*, March 1987, p. 1212.

8. Such testing may be used to identify HIV-positive inmates for possible use as guinea pigs in AIDS research. According to the June 4, 1987 *Boston Globe*, U.S. government plans for testing an AIDS vaccine include the use of federal prisoners. In addition, Attorney General Edwin Meese has suggested denying parole to inmates who test positive to "protect society."

A Theory of Environmental, Insect-Borne AIDS

Whiteside and MacLeod believe instead that AIDS is a tropic-based, environmental disease, caused by at least two arboviruses (insect-borne viruses) called maguari and dengue, both endemic to tropical regions. According to their theory, the primary means of AIDS transmission is repeated bites by blood-sucking insects—mosquitoes or ticks—carrying the virus from person to person. The secondary means, they maintain, is through blood transmission, via transfusions, needles, and certain forms of sex. Whiteside proposes a correlation between AIDS and long-established tropical diseases:

through casual contact, has been proposed in several states. No sooner had California voters defeated an AIDS quarantine referendum (in November 1986) initiated by ultra-rightist Lyndon LaRouche, then the California Department of Health began considering a measure that would authorize such a step.⁹

The June 1986 Supreme Court decision in *Hardwick v. Bowers*, that states may make sex between consenting gay adults a felony, was clearly influenced by rightwing organizing blaming gay people for AIDS. It represented a stark reversal of years of political advances by a well-organized lesbian/gay rights movement. The ruling sparked massive angry protests in gay communities around the country.

In the face of the government's refusal to meet the desperate needs of PWAs, combined with rising discrimination and repression, PWAs and their supporters have become more politically active. Until recently, lesbians and gay men have borne the brunt of the organizing work, both in political action and a vast array of self-help programs. The wide scale of grassroots education programs has dramatically reduced risky sexual practices in the gay community, as studies have shown. Increasingly, Third World people (especially lesbians and gays and health workers) are becoming active in such efforts, often in autonomous programs controlled by their communities.

As the crisis has escalated, and quiet lobbying has failed, these movements have become louder and more confrontational. The Haitian community in New York mounted angry protests early in the epidemic which successfully stopped their false stigmatization as an AIDS "risk group." In recent years, New York City and San Francisco have seen angry demonstrations and civil disobedience in support of gay rights and PWA rights. A newly insistent demand has been the release of drug and natural therapies which have shown promise for AIDS, but have been held up by federal drug regulations. For PWAs, a key lesson of this organizing has been the importance of taking control of their lives and making their own decisions. As part of this principle, they have insisted on the term "People with AIDS," or PWAs, since they do not consider themselves to be passive "AIDS victims."

9. Recalling the World War II internment of thousands of California's Japanese residents, one can understand the potential for racist (and in this case, anti-gay) application of such power. Is it impossible to imagine a rightwing government attempting to quarantine the mostly Puerto Rican South Bronx or the heavily gay Greenwich Village, both New York City neighborhoods, invoking the "health risk" of large numbers of PWAs there?

AIDS corresponds to the insect belt in many parts of the world. Before modern-day AIDS, the region of greatest density of Kaposi's sarcoma (a tumor associated with AIDS) was on the border of Zaire and Uganda. Such tropical tumors as Kaposi's sarcoma and Burkitt's lymphoma were always linked to environmental conditions of climate, rainfall, and altitude.³⁹ The distribution of these tumors correlated with malaria and the insect-borne virus (arbovirus) infections. Even more recent studies show a correlation of antibodies to HTLV-III/LAV (HIV) and antibodies to malaria.⁴⁰

Whiteside notes that HIV, other retroviruses, and several opportunistic infections common in AIDS have been shown to be transmissible by insects or rodents. Further studies are under way in several countries.⁴¹ He also cites other arboviruses which are known to be transmissible through blood or sexual means.⁴²

Clinical experience and home visits by Whiteside and MacLeod in the slums of "Little Haiti" (a Miami neighborhood) and Belle Glade have convinced them that ample opportunities exist for insect transmission of AIDS. They documented such serious public health problems as inadequate housing, overcrowding, open waste, and high mosquito and rat populations. One result of these conditions is a high rate of tuberculosis (TB), which produces mild immune suppression. Whiteside and MacLeod believe TB is sometimes a precursor to AIDS. They noted that among their Haitian AIDS patients, 80 percent had previously been treated for TB. Indeed, cases of TB, which were quite rare, have been skyrocketing in the very same Third World communities—in both tropical and temperate climates—where cases of AIDS are also dramatically on the rise.⁴³

The doctors further hypothesize as follows: A person already weakened by TB or other serious infections is then particularly vulnerable to AIDS if repeatedly bitten by insects carrying arboviruses. When two or more arboviruses are present in one's body in sufficient quantity, they can blend and

form a new, more virulent virus. In addition, antibodies to one virus can paradoxically increase the growth of another.⁴⁴ The result can be severe damage to the immune system. Like in test-tube and animal studies, dormant retroviruses are then "switched on" or activated.⁴⁵ HIV is one of those. Opportunistic infections can then invade the body.

Evidence of Arboviruses in PWAs

Attempting to test the theory, Whiteside and MacLeod ran tests for antibodies to over 50 arboviruses in the blood of PWAs in tropical Florida. The results were striking, showing large percentages having antibodies to two arboviruses in particular: *dengue* and *maguari*.⁴⁶ Dengue causes dengue fever, a painful, flu-like illness with four separate viral varieties. The parallels between AIDS and dengue are quite striking.⁴⁷ Maguari has not yet been shown to cause human or animal illness, but is in a family (bunyamwera) which includes viruses with a documented role in African cases of Kaposi's sarcoma before that disease became a manifestation

44. The theory by which Whiteside and MacLeod explain the suggested involvement of two (or more) viruses in causing AIDS draws on two concepts recognized in medicine, although not in relation to AIDS: *genetic recombination* and *immunologic enhancement*.

45. Whiteside letter, *op. cit.*, p. 3-4. One such study cited: A.K. Harrison, F.A. Murphy, "Murine Oncornavirus Activation in the Pancreas During Infection with Venezuelan Equine Encephalitis," *Journal of the National Cancer Institute*, 55:917-19, 1975.

46. In one study of South Florida PWAs, 100 percent of Haitians and 33 percent of U.S. gay men showed positives for dengue 1 or 2 virus. C.L. MacLeod, M.E. Whiteside, et al., "Dengue Immunologic Enhancement Studies in Haitian Patients with the Acquired Immunodeficiency Syndrome (AIDS)," Abstract of paper presented to the American Society of Tropical Medicine and Hygiene, Baltimore, Maryland, December 3-6, 1984. Another study of 15 Haitians showed similar results, and in a control group of 45 healthy Haitians, 93 percent also showed dengue antibodies. M.E. Whiteside, C.L. MacLeod et al., "Antibodies to Arboviruses in Patients with the Acquired Immunodeficiency Syndrome (AIDS)," Abstract of paper presented to the American Society of Tropical Medicine and Hygiene, Baltimore, Maryland, December 3-6, 1984. See also Serena Stockwell, "Dengue arbovirus could be marker for AIDS; possible link to mosquitos being studied," *Oncology Times* III:10, October, 1985.

In a study of 55 Belle Glade PWAs and 55 healthy controls, 87 percent of the PWAs and 36 percent of the controls had maguari antibodies. C. L. MacLeod, et al., "Antibody to Maguari in Patients with the Acquired Immunodeficiency Syndrome (AIDS)," Abstract of paper presented to the American Society of Tropical Medicine and Hygiene, Miami, Florida, November 4-7, 1985. A second study found 94 percent of PWAs had antibodies to maguari, compared to 15 percent among healthy controls. C. L. MacLeod, et al., "Case-Control Study of the Acquired Immunodeficiency Syndrome (AIDS) in Belle Glade, Florida," Abstract of paper presented to the American Society of Tropical Medicine and Hygiene, Denver, Colorado, December 8-11, 1986. Evidence of several other arboviruses was also found, although in much lower quantities: Tensaw, Chagres, Madrid Guama, and Rift Valley Fever. M.E. Whiteside, 1984, *op. cit.*; C.L. MacLeod, 1985, *op. cit.*

47. "The variable 'incubation' period, prodromal [early] signs and symptoms, immunologic abnormalities and the pathologic changes caused by AIDS are very similar to those of repeated dengue infection and possibly those of other arboviral diseases. A phenomenon of 'immunologic enhancement' occurring after repeated exposure to different dengue types explains severe dengue infection, i.e., dengue hemorrhagic fever (DHF)." C.L. MacLeod, "Dengue, and old disease in a new guise?" Abstract of paper presented at International Congress of Tropical Medicine and Malaria, Calgary, Canada, September 1984. Also the CDC, in a report on Puerto Rican dengue patients, noted "mild or moderate depression in leukocytes (white blood cells) and platelets (red blood cells)." This is also a feature of AIDS. The authors add that "mild or unrecognized cases may be common," and among the list of diseases dengue is confused with is Epstein-Barr virus infection and toxoplasmosis, two conditions sometimes found in PWAs. Whiteside says several AIDS symptoms are also present in DHF, which is known to kill T-lymphocyte cells, a classic sign of AIDS.

39. R.J.C. Harris, "Aetiology of Central American Lymphomata," *British Medical Bulletin* 20(2):149-153, 1964.

40. R.J. Biggar, M. Melbye, P.S. Sarin et al., "ELISA HTLV Retrovirus Antibody Reactivity Associated with Malaria and Immune Complexes in Healthy Africans," *Lancet* II:520-523, 1985.

41. A report in *Lancet*, the British medical journal, showed survival of HIV in the common bedbug. S.F. Lyons, P.G. Jupp, and B.D. Schoub, "Survival of HIV in the Common Bedbug," *Lancet*, July 5, 1986, p. 45. S. Bech-Nielsen, et al., "Natural mode of transmission of the bovine leukemia virus: role of blood-sucking insects," *American Journal of Veterinary Research*, 39:1089-92, 1978; C.J. Issel, L.D. Foil, "Studies on equine infectious anemia virus transmission by insects," *Journal of the American Veterinary Medical Association*, 184:293-97, 1984, as quoted by Whiteside, *op. cit.*, n. 38, p. 4. Whiteside says pneumocystis carinii, an opportunistic infection in AIDS, is known to be carried by rats. He is currently working on a study of insect transmission of HIV in conjunction with the National Institutes of Health. Other such studies are under way in the CDC's Ft. Collins, Colorado lab, and in France, Puerto Rico, Trinidad and Panama.

42. According to Whiteside, African Swine Fever virus (in pigs) and blue tongue virus (in bulls) can be transmitted sexually. Rift Valley Fever has been transmitted in lab accidents from animal carcasses to people.

43. Whiteside reports 300-400 new TB cases a year in Miami, concentrated in such poor Black neighborhoods as Liberty City and Overtown. In New York's ghettos and barrios, a similar TB upsurge has been occurring, although health officials have covered up the extent of the problem. Christopher Norwood, "TB Makes a Comeback," *Newsday*, May 28, 1987, p. 82.

of AIDS. In any event, the presence of these two arboviruses in PWAs seems to suggest that insects may play a role in AIDS, at least in South Florida.

Origin and Spread of Dengue

Why would these two arboviruses, presumably carried by insects for thousands of years, wait until this moment in history to combine with such disastrous effects? Whiteside and MacLeod say that only recently have both been present in the same location. Maguari is endemic to the Western Hemisphere. Dengue type 1 (one of the types for which Florida PWAs tested positive) had been limited to Southeast Asia and Africa until 1977, when it appeared in Jamaica, Cuba and Puerto Rico.⁴⁸ It later spread to Haiti and other Caribbean islands. According to the Caribbean Epidemiology Center, Cuba's 1977-78 epidemic was not only the first one involving dengue type 1, but the first of any dengue type since 1944.⁴⁹ Whiteside and MacLeod call the 1977 appearance of dengue type 1 "an epidemiological marker [sign of disease] for the introduction of AIDS into the Western Hemisphere."⁵⁰

As to dengue type 2 (for which Florida PWAs also showed positive blood tests), there had been periodic Caribbean epidemics over the years, including in Puerto Rico (1977) and the Virgin Islands (1976-77). In 1981, Cuba had an epidemic of dengue type 2—but in the unprecedented hemorrhagic shock form, with internal bleeding and shock—which resulted in 300,000 illnesses and 158 fatalities, including 101 children under 15.⁵¹

A 1978 article by a U.S. health official, looking ahead, expressed concern that dengue might spread from the Caribbean to North America.⁵² Indeed, Whiteside and MacLeod's tests showed that not only dengue virus, but also maguari—never before isolated in the U.S.—had made the international leap. Studying records of 400 gay AIDS patients in South Florida in 1983, the doctors found that from 80 to 90 percent "had either traveled to the Caribbean since 1977 or had sexual contact with Puerto Ricans, Dominicans, Haitians, Jamaicans or Cubans."⁵³

Was Biological Warfare Involved?

How might dengue type 1 have been "introduced" into the Western Hemisphere, and maguari into Central Africa (the latter being the two doctors' unproven theory)? Beginning in 1976, Cuba sent troops to Angola at the request of that newly independent government to help defend it against invading South African forces. MacLeod, noting that Jamaica was then providing Cuban troops with a stop-off point, has asserted that the 1977 dengue type 1 epidemic began in the military barracks in Kingston, Jamaica. She believes dengue type 1, endemic in West Africa, was brought back by the Cubans from Angola, and perhaps maguari was left in Angola, from which it spread

48. David M. Morens (CDC), et al., "Dengue in American children of the Caribbean," *Journal of Pediatrics*, December 1978, p. 1050. Morens says a mixed epidemic of dengue types 1, 2 and 3 occurred throughout Puerto Rico in 1977. (It is worth noting that Puerto Rico has one of the highest AIDS rates among Latin American nations.)

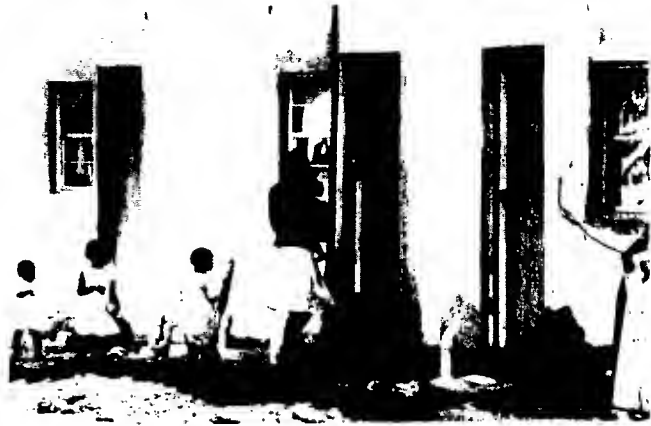
49. CAREC Surveillance Report, Vol. 7, No. 5, May 1981, (p. 1 of attached cables).

50. C.L. MacLeod, "Dengue, an old disease in a new guise?" *op. cit.*, n. 47.

51. Bill Schaap, "The 1981 Cuba Dengue Epidemic," *CAIB*, Number 17 (Summer 1982), p. 28.

52. Morens, *op. cit.*, n. 48.

53. C.L. MacLeod, *op. cit.*, n. 47.



Slum conditions in the agricultural migrant worker town of Belle Glade, Florida. Do mosquitoes bred by unsanitary conditions spread viruses involved in AIDS?

Credit: Associated Press

to other parts of Central Africa. But this theory assumes many AIDS cases in Cuba and Angola, two countries that have reported very few.

There are, however, other possibilities worth considering. Might the 1977 Cuban dengue epidemic have been the result of a U.S. biological warfare operation? Could the Haitian dengue epidemic have occurred following a U.S. biowar experiment? Could dengue and/or maguari have been introduced by the U.S. military into the Congo/Zaire? All are possible given the previous and subsequent history of U.S. CBW testing and use. (See accompanying article on CBW.)

A 1982 *CAIB* investigation concluded that the 1981 hemorrhagic dengue type 2 epidemic in Cuba was almost certainly the result of U.S. biological warfare.⁵⁴ Given other documented CBW operations against Cuba, it seems reasonable to suggest that the 1977 dengue type 2 epidemic was another. The U.S. Army's Biological Warfare Laboratory at Fort Detrick, Maryland, has for years done experiments with insect-borne disease in general and dengue in particular. In the 1950s, the Army carried out "field tests" releasing huge quantities of mosquitoes in Black communities in Georgia and Florida. A 1980 article in the *Bulletin of the World Health Organization* noted that Ft. Detrick researchers had isolated dengue type 1 virus in the South Pacific in 1974.⁵⁵

Government Response to the Theory

Whatever the origin of dengue and maguari in particular countries, Whiteside and MacLeod have presented evidence that suggests a preventable environmental cause of AIDS. Predictably, neither the CDC nor Florida health officials have welcomed their conclusions. "We have butted heads several times with the CDC," Whiteside told the author. One of the loudest CDC voices attacking their theory has been Dr. Charles Calisher, an arbovirus expert at the CDC's Fort Collins, Colorado laboratory. According to *CAIB*'s 1982 investigation, Calisher successfully sought to visit Cuba in

54. Schaap, *op. cit.*, n. 51.

55. S.B. Halstead, "Dengue Hemorrhagic Fever—A Public Health Problem and a Field for Research," *Bulletin of the World Health Organization*, 58(1): (1980), p. 15.

1975, ostensibly to study dengue fever. The article added: "Calisher predicted at that time that Cuba might face an epidemic within two years because, he said, of their relations with Africa. Then, in 1977, for the first time in 33 years, there was a dengue epidemic in Cuba. When Cuban officials charged that the 1981 epidemic was a clandestine operation of the U.S., Dr. Calisher was one of the U.S. experts who publicly belittled the accusation...." Could Calisher be leading a new disinformation campaign?

Whiteside and MacLeod have also had to resist pressure from the ultra-right Lyndon LaRouche organization to support publicly its repressive AIDS quarantine proposal. (See sidebar, "Lyndon LaRouche and AIDS Theorists.")

Whiteside and MacLeod have charged that "the CDC's concept of 'AIDS risk group' [such as "gay" and "Haitian"] has not helped research, has contributed to discrimination, and has led to public apathy, not treating this as a true medical emergency." Their repeated efforts to persuade CDC and state health officials to investigate possible insect transmission of AIDS have been rebuffed. In addition, the CDC denied their request to run blood tests to confirm or deny their positive arbovirus results.

Recommendations by Whiteside and MacLeod for "emergency mosquito control programs" and education on reducing mosquito exposure in Belle Glade were ignored. Instead, in early 1987, the CDC approved \$250,000 for "AIDS education" in Belle Glade, focusing on "safe sex" advice. Whiteside commented, "There's no question you'll still have an epidemic if you don't clean up the slums." Government officials clearly have no intention of changing the conditions that have long served local agricultural interests by providing a pool of cheap Third World labor.

Questions about the Theory

Although many aspects of Whiteside's and MacLeod's theory seem compelling, questions remain. For centuries, people have brought new viruses from continent to continent. Yet never has this resulted in the creation of a new disease. How does the theory explain such a drastic change in evolutionary history? Is there an exact correlation between maguari, dengue, and AIDS in each country? How does the theory account for the minority of PWAs who tested *negative* for maguari or dengue?

The theory would suggest a high number of AIDS cases in Cuba, due to the 1977 and 1981 dengue epidemics there and the presumable presence of maguari (which was first isolated in nearby Jamaica). Yet the Cuban government reports having very few PWAs. Does the theory suggest the Cuban government is lying? Cuba is noted for having one of the best health care systems in Latin America. It would seem very difficult to hide an epidemic from its own people or the world. Could public sanitation measures have contained the dengue and maguari viruses and prevented the possibility of virus blending that the theory says caused AIDS elsewhere?

Finally, if insect bites are an important mode of AIDS transmission, why are there so few AIDS cases among Caribbean children below the age of sexual maturity?⁵⁶

56. Whiteside concedes that this is "a weak point" of the theory. But, noting that the theory posits *repeated* bites, perhaps hundreds, he predicts that, over time, the Caribbean's childhood AIDS rate will increase to the high level found in Africa. The African rate, he argues, may be a function of an earlier origin of AIDS there.

Despite these questions, Whiteside and MacLeod's theory unifies much of the evidence about AIDS and offers a credible answer to the vexing "no identified risk" cases. It may also prove compatible with other theories, since its authors do not insist that maguari and dengue are the *only* viruses involved. For instance, they do not rule out the possibility that African Swine Fever Virus (also an arbovirus) may play a role in AIDS. Even if all such viruses can be excluded as original causes, the evidence seems persuasive that arboviruses—and thus insect transmission—are at least *co-factors* in the development of AIDS. In any case, these two doctors' research, medical care, and political advocacy have spotlighted the urgent need for environmental improvements in poor Third World communities to stop the spread of disease in general.

The conclusion of Part I in the next issue will cover the remaining AIDS theories: Number 4, African Swine Fever transmitted from pigs to people; and Number 5, multiple factors—no single microbe. Then, in the same issue, Part II will analyze theories of co-factors which make people vulnerable to AIDS, or which help spread the disease. Among those examined will be: street drugs, including heroin and poppers; vaccines; commercially available blood; other diseases, particularly venereal diseases such as syphilis; environmental pollutants; and stress.

Resource List

Lawrence Badgley, M.D., *Healing AIDS Naturally*, \$14.95 from Human Energy Press, 370 W. San Bruno Ave., Suite D, San Bruno, CA 94066. A 400-page survey of alternative therapies.

Raymond K. Brown, M.D., *AIDS, Cancer, and the Medical Establishment* (New York: Robert Speller & Sons, 1986), \$16.95.

Michael L. Culbert, *AIDS: Terror, Truth, Triumph* (Chula Vista, California: Robert W. Bradford Foundation, 1986), 114 pp. A good survey of alternative theories on origins, co-factors and therapies for AIDS.

Nancy Krieger and Rose Appleman, *The Politics of AIDS* (Oakland, California: Frontline Pamphlets, 1986), 60 pp., \$4.00 from Frontline Pamphlets, Box 2729, Oakland, CA 94602. Some helpful information and political analysis, but accepts HIV as the cause, downplays alternative theories, and ignores holistic therapies.

John Lauritsen and Hank Wilson, *Death Rush: Poppers & AIDS* (New York: Pagan Press, 1986), 64 pp. Excellent, well-researched analysis of links between nitrite inhalants and AIDS. One appendix carefully dismantles the HIV theory, another proposes a multifactorial "toxicologic" model. \$3.95 from Pagan Press, 26 St. Marks Pl., New York, NY 10003.

PWA Coalition (New York), *Surviving and Thriving with AIDS: Hints for the Newly Diagnosed*, \$5.00 from the National AIDS Network, 1012 14th Street, NW, #601, Washington, DC 20005.

Is AIDS Non-Infectious?

The Possibility and its CBW Implications

By Nathaniel S. Lehrman, M.D.*

AIDS, acquired immune deficiency syndrome, may be the most peculiar, as well as the most publicized, epidemic in human history. The American media's ignoring the possibility of non-viral causes of this disease, such as chemical toxins, and their almost uncontradictable insistence that the disease is transmitted *only* from one victim to another, may be even more remarkable. In this paper it is argued that the commonly accepted explanations are wrong, and it is suggested that AIDS may really be an accidental byproduct, or even a deliberate result, of chemical-biological warfare research.

What Causes AIDS?

In 1981, Dr. Robert C. Gallo, the head of the Laboratory of Tumor Cell Biology at the National Cancer Institute in Bethesda, Maryland,¹ "assembled a team to spearhead AIDS research, and in 1984 he identified HTLV-III, the causal virus."² In a 1987 article in *Scientific American* he stated categorically that the cause of AIDS "was conclusively shown [in 1984] to be the third human retrovirus," HTLV-III (subsequently renamed HIV, the currently accepted terminology).³

This is the view to which most Americans have become persuaded: that *the* cause, and the *only* cause, of AIDS is this particular virus alone, transmitted from one victim to another.

Interest in AIDS is particularly intense in New York, with

more definitely identified cases than anywhere else in the world. A \$5.2 million AIDS Institute was established in 1983 within the State Health Department. In September 1985, in publications directed both to the general public and to the gay community, that Institute stated that "no one knows for sure what causes AIDS. Antibodies to a recently discovered virus have been found in the blood of most AIDS patients. It is not known whether this virus is the direct cause of AIDS, or is a result of having a damaged immune system."⁴

The Questions Begin

On September 27, 1985, *Science* magazine published a comprehensive review of "The Epidemiology of AIDS: Current Status and Future Prospects," prepared by the federal Centers for Disease Control in Atlanta, Georgia, in which the role of non-viral agents in causing the disease—even as co-factors—was very much downplayed.⁵ The idea that the disease is caused *only* by the virus, and spread *only* from victim to victim, received another authoritative presentation in the December 1986 and January 1987 issues of *Scientific American*, in articles by Dr. Gallo, considered the outstanding exponent of the view that HIV is *the* cause of AIDS and credited with discovering "the link between retroviruses and human leukemia and lymphoma."⁶

But even before Dr. Gallo's much-ballyhooed "discovery" of HIV, and certainly since, published questions have appeared about AIDS in general and HIV in particular. Those who have dared to question the accepted dogma have been ridiculed, attacked, and most often, ignored by the medical

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1. Dr. Gallo, twice the recipient of the prestigious Lasker award for medical research, is head of the Laboratory of Tumor Cell Biology at the National Cancer Institute. His most notable contribution to cancer research, according to the biographical note in the January 1987 *Scientific American*, has been "his discovery of the link between retroviruses and human leukemia and lymphoma...." *Retroviruses* are a newly discovered, but widely distributed, type of virus which act physiologically very differently from previously known types within body cells; they are often found in healthy animals and people. *Leukemia* is a disease in which certain types of white blood cells proliferate excessively; it is essentially cancer of the white blood cells. *Lymphoma* is a disease in which other types of white blood cells proliferate excessively.

2. Robert C. Gallo, "The AIDS Virus," *Scientific American*, v. 256, no. 1 (January 1987), pp. 46-56. In 1983, following two years of research, French scientists at the Pasteur Institute isolated a virus which they claimed was involved in AIDS, which they named LAV. The following year, Gallo announced with great fanfare that he had discovered the causative virus which he called HTLV-III. Gallo claimed the right to all royalties from a blood test which detects the antibody to this virus. This test is now widely used both to screen donated blood and to determine whether a person's blood is antibody-positive, in which case they are alleged to be at some risk (how much is not known) of later development of AIDS. After extended litigation, the two sides agreed to share credit for the "discovery." Royalties will be donated to an AIDS research foundation. *Institut Pasteur v. United States of America*, United States Court of Claims, Civ. A. No. 730-85. See also, for a discussion of the case, Steve Connor, "AIDS: Science Stands on Trial," *New Scientist*, February 12, 1987, pp. 49-58. The virus has now been officially renamed HIV, for human immuno-deficiency virus.

3. Gallo, *op. cit.*, n. 2. HTLV stands for "human T-lymphotropic virus."

4. See *Newsday*, April 26, 1987, special section on AIDS, p. 1. AIDS Institute, New York State Health Department leaflets, "AIDS—Information for the General Public" and "AIDS—Information for Gay Men."

5. James W. Curran, *et al.*, "The Epidemiology of AIDS: Current Status and Future Prospects," *Science*, v. 229 (September 27, 1985), pp. 1352-57. The only possible co-factors mentioned in the article are the medical use of various drugs, "other co-existing immuno-suppressant diseases, malnutrition, or old age." *Ibid.*, at p. 1356. Nitrite inhalants and cytomegalovirus (CMV) infections are also listed as possible co-factors in Kaposi's sarcoma (KS), a major type of AIDS. While "both CMV and the use of nitrite inhalants deserve further attention as possible co-factors for KS in persons with HTLV-III infections," the paper stated, "the occurrence of AIDS in previously healthy young persons from all risk groups suggests that while such co-factors may modify the course of infection, they are not likely to be essential for AIDS to develop in an individual infected with HTLV-III." The author pointed out this downplaying of co-factors in a letter to *Science*, which the editor declined to publish. Rep. Robert J. Mrazek (Dem.-N.Y.), sent a copy of the correspondence to the CDC for comment and received an uninformative response. The same questions were raised in the author's letter to the editor of the *Wall Street Journal*, published November 20, 1985, pointing out that "just as the relatively recent discovery of a leukemia-producing virus should not cause us to overlook its chemical causes, so should the discovery of an immuno-destructive virus not prevent our seeking chemical causes of immune deficiency." Similar questions were raised by the author in the *Amsterdam News*, November 30, 1985, December 28, 1985, and January 18, 1986, but in no other U.S. publications, professional and lay, to which comparable articles and letters were submitted.

6. Gallo, *op. cit.*, n. 2.

establishment—in particular the Centers for Disease Control, the National Institutes of Health, and the American Medical Association.⁷



Dr. Robert Gallo. When he was interviewed by journalist Anna Mayo, he began, she said, to sound like Richard Nixon. "HTLV-III is the sole cause of AIDS!" he shouted. "There's no question about it. You don't need any co-factors. It gives you AIDS all alone."

The most authoritative critique of the HIV theory to date is by Professor Peter H. Duesberg of the University of California at Berkeley, California, who discussed the role of retroviruses in causing disease in a review article in the March 1, 1987 *Cancer Research*. Disagreeing with Dr. Gallo, he questioned the role retroviruses are said to play in causing leukemia and

7. Dr. Joseph Sonnabend, a New York City physician who co-founded the AIDS Medical Foundation (later renamed the American Foundation for AIDS Research), has argued since 1983 that among gay men, "multiple factors, rather than a novel virus, probably induce AIDS," citing such factors as recurrent cytomegalovirus (CMV) infection and the immune suppression caused by repeated rectal deposits of semen. Joseph Sonnabend, Steven S. Witkin, and David T. Purtillo, "Acquired Immune Deficiency Syndrome, Opportunistic Infections and Malignancies in Male Homosexuals," *Journal of the American Medical Association (JAMA)*, no. 249 (1983), pp. 2370-74. In 1983, Dr. Sonnabend founded and became editor of a professional journal called *AIDS Research*, which was open to all points of view on HIV. In December 1986, after ten issues, the publisher was persuaded by Max Essex, a Harvard scientist and close associate of Dr. Gallo, to fire Dr. Sonnabend and nearly all the editorial board. The journal's name was changed to *AIDS Research and Human Retroviruses*, and the new editorial board, which includes Dr. Gallo, is dominated by government, military, and corporate scientists.

Dr. Arthur J. Ammann, of the University of California School in San Francisco, has questioned the evidence supporting HIV as the single viral agent causing AIDS. Letter to *JAMA*, no. 258 (1984), pp. 1281-82.

Others have not only challenged the HIV explanation, but have proposed alternative causative agents. Dr. Jane Teas, a Boston pathobiologist, and Dr. John Beldekas, a Boston biochemist, have since 1983 proposed the African swine fever virus as the causative agent in AIDS. Jane Teas, "Could AIDS Be a New Variant of African Swine Fever?" letter to *Lancet*, April 23, 1983, p. 923; John Beldekas, Jane Teas, and James R. Herbert, "African Swine Fever and AIDS," letter to *Lancet*, March 8, 1986, p. 564; Jane Teas, "An AIDS Odyssey," *New York Native*, December 17-30, 1984.

Dr. Mark Whiteside and Dr. Carolyn MacLeod, co-directors of the Institute of Tropical Medicine in Miami, Florida, believe that maguari, an insect- and blood-borne arbovirus, may cause the activation of HIV, leading to AIDS. C. L. MacLeod, M. E. Whiteside, M. de Medina, M. McCall, T. Schwan, and R. E. Shope, "Antibody to maguari in patients with AIDS," abstract presented at the American Society of Tropical Medicine and Hygiene, Miami, Florida, November 1985; Whiteside, MacLeod, et al., "Arbovirus Particles in the Intestines of Patients with AIDS," abstract presented at the International Conference on AIDS, Paris, June 1986.

lymphoma. He also stated categorically that the "AIDS virus is not sufficient to cause AIDS and that there is no evidence, besides its presence in a latent form, that it is necessary for AIDS."⁸

Koch's Postulates. Dr. Robert Koch (1843-1910), a German bacteriologist, formulated three rules, or "laws," to establish whether a specific micro-organism causes a particular disease. "Koch's Postulates" are the fundamental bases for scientific investigation of infectious diseases.

The first is that the micro-organism—whether it be a bacterium, protozoan, or virus—be present in all cases of the disease. The second is that inoculations of pure cultures of the micro-organism into animals must produce the same disease in them. The third is that the micro-organism must be able to be obtained from these animals and further propagated in pure culture.⁹ Under these laws, problems exist in considering HIV the cause of AIDS.

Why the So-Called AIDS Virus Cannot Cause AIDS

Dr. Duesberg says that "the only support for the hypothesis that the AIDS virus causes AIDS is that 90% of the AIDS patients have antibody to the virus. Thus it would appear that the virus, at least as an immunogen, meets the first of Koch's postulates for an etiological [causal] agent. This conclusion assumes that all AIDS patients from whom virus cannot be isolated (about 50%)...or in whom provirus [an earlier stage of the virus] cannot be demonstrated (85%) and the antibody-negative cases (about 10%) and the virus-free cases reported in one study (3%) are false negatives."¹⁰

He points out that, for a number of reasons, the hypothesis that the virus causes AIDS "faces several direct challenges." It does not explain how or why antiviral immunity, such as normally comes from the presence of antibodies, does not prevent the virus from causing a fatal disease. It does not counter direct evidence of the virus's insufficiency to cause the disease in both "high risk" and "low risk" groups, the "long latent period of the disease," and "the genetic evidence that the virus lacks a late AIDS function [the capacity to produce AIDS after a long period in the body without causing any disease]." He summarizes that "it seems likely that AIDS virus is just the most common among the occupational [so in original; probably should be "occasional" or "opportunistic"] viral infections of AIDS patients and those at risk for AIDS, rather than the cause of AIDS. The disease would then be caused by an as yet unidentified agent which may not even be a virus, since cell-free contacts [inoculations of serum without cells, which usually transmit viruses] are not sufficient to transmit the disease."¹¹

And Dr. Duesberg concludes his study: "AIDS virus is not sufficient to cause AIDS and there is no evidence besides its presence in a latent form, that it is necessary for AIDS." Moreover, he notes, the presence of antibodies appears to be

8. Peter H. Duesberg, "Retroviruses as Carcinogens and Pathogens: Expectations and Reality," *Cancer Research*, vol. 47 (March 1, 1987), pp. 1199-1220, at p. 1215. Duesberg, a pioneer in the study of retroviruses, is a professor in the Department of Molecular Biology and Virus Laboratory at the University of California at Berkeley. He is a member of the prestigious National Academy of Sciences, at present on sabbatical, doing research at the National Cancer Institute in Bethesda, Maryland. His article cites some 278 references.

9. *Steadman's Medical Dictionary* (Baltimore: Williams and Wilkins, 1966), p. 874.

10. *Op. cit.*, n. 8, p. 1214.

11. *Ibid.*, pp. 1214-15.

of no significance to non-members of "risk groups," although he does say that the virus may "be directly responsible for the early, mononucleosis-like disease observed in several infections prior to antiviral immunity." He also explains that, since nearly everyone with the virus also has antibodies, "vaccination is not likely to benefit virus carriers with or without AIDS." This belies the feverish push by the CDC and other medical researchers for a vaccine against HIV which would supposedly prevent AIDS.¹²

But if HIV does not produce the immune deficiency which characterizes AIDS, what does? Chemicals certainly might; why are they not being looked into? And why, three months after Duesberg's important paper appeared, have the American media virtually ignored it?¹³

What Can Cause Immune Deficiency?

We have long known that immune systems can be harmed in many ways, including damage caused by toxic chemicals, by radiation, and by other factors. All three of the diseases for which retroviruses are blamed—leukemia, lymphoma, and immune deficiency syndromes—can also be caused by chemicals, including radioactive substances. Indeed the greatest leukemia epidemic in history was produced by the radioactivity following the atomic bombing of Japan.¹⁴ Few people realize that other consequences of the bombing were increased incidences of both lymphoma and immune deficiency.¹⁵ Other new and peculiar diseases from which Americans now suffer include toxic shock syndrome, Legionnaires' disease, Epstein-Barr syndrome, and swine flu vaccine reactions. When epidemic diseases can be produced by several different causes, all such possibilities require investigation. This was true even before Duesberg questioned whether retroviruses cause significant illness at all.

The American media, parroting the medical research establishment, continually reaffirm that AIDS is *only* infectious, *only* transmitted from one victim to another, either by addicts' repeated use of infected needles or by sexual intercourse. At first, only sexual intercourse between gay males was considered responsible, but heterosexual intercourse involving a male who previously had homosexual intercourse or who had been an intravenous drug user is also now being blamed.¹⁶ But even if these needle/sex activities are indeed responsible for transmitting the disease, the definitive report from the federal Centers for Disease Control in Atlanta stated that almost nine percent of the cases fell into *none* of the "high risk" groups as then defined!¹⁷

12. *Ibid.*, p. 1215.

13. Duesberg's article was mentioned in the *New York Native*, a gay community newspaper, on May 4, 1987. No mainstream publication has mentioned it.

14. See Linus Pauling, *No More War* (New York: Dodd Mead, 1958); Itsuzo Shigematsu and Abraham Kagan, *Cancer in Atomic Bomb Survivors* (Tokyo: Japan Scientific Societies Press, 1986, and New York: Plenum, 1986).

15. See J. W. Gofman, *Radiation and Human Health* (San Francisco: Sierra Club Books, 1981).

16. Transmission by infected blood, never more than a very small fraction of the cases, is said to have been stopped because of the near universal use of new tests for discovering the virus in donated blood. Ronald Sullivan, "AIDS Infection Found in Transfusion Patient," *New York Times*, January 18, 1987. And see Michael Gross, "Among Women the Talk is of Condoms; Worried About AIDS," *New York Times*, February 23, 1987; Ellen Goodman, "When It Comes to AIDS, 'Them' Is Us," *Newsday*, August 1, 1986.

17. Curran, *et al.*, *op. cit.*, n. 5, at p. 1355.

An Interrupted Investigation

In 1983, William O'Neill, a veteran investigator for the New York State Department of Health, was assigned to look into six cases of AIDS in relatively young, poverty-stricken Black Long Islanders: three men and three women.¹⁸ He found that four of the cases were connected: a woman who had been employed at a state retardation facility, and the three men she lived with in sequence. After the first man died of AIDS, she moved in with the second. After he died of it, she moved in with the third. And after his death, she died also. All of the six were too poor to have received medical care until the very end; the three men received none at all, and the woman who had lived with them died the day after admission to a hospital. None of the six was gay or an intravenous drug user; nor were any from any "high risk" geographical location, such as Haiti.¹⁹

According to O'Neill, the Health Department never looked into the possibility that these patients might have been exposed to chemical poisons, or into other possible causes for their deaths. No blood tests were ever done. O'Neill was removed from the investigation before it was finished, and nobody ever completed it.²⁰

How Is AIDS Spread?

Transmission By Needle-stick. Almost everyone seems to believe that AIDS can be transmitted by contaminated needles, is being frequently transmitted in this way, and that this is almost its exclusive mode of transmission among intravenous drug users. Yet this was dubious even before the Duesberg report.

The Centers for Disease Control report cited, rather inconspicuously,²¹ two highly significant studies relevant to

18. *New York Post*, December 16, 1985.

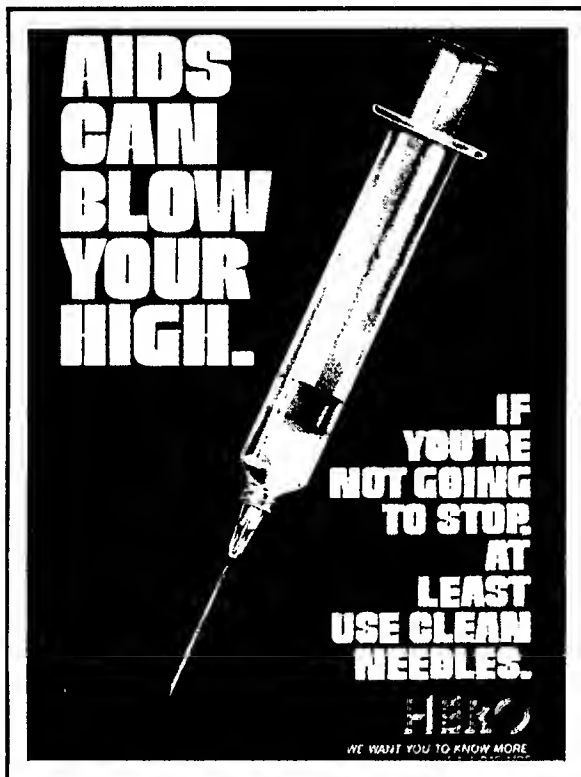
19. *Ibid.*, and personal communications with author. Dr. Whiteside (see *supra*, note 7) points out in a letter of August 4, 1986 to Kenneth Robin, a San Francisco attorney, that 60% to 70% of antibody-positive patients in Belle Glade, Florida did not fit into "high risk" categories.

20. According to the *Post*, state officials had "suddenly shelved a probe that unearthed evidence that AIDS was spreading unreported and unchecked—into the non-drug abusing, non-hemophilic, heterosexual community. Later that year, state Health Commissioner David Axelrod flatly denied that AIDS was spreading among heterosexuals—despite compelling evidence to the contrary." Indeed, Dr. Axelrod's December 1983 report to the Governor from the AIDS Institute took particular pride in announcing that "the level of public anxiety about AIDS, which reached its peak in the spring and early summer [of 1983], has been diminished through widespread dissemination of factual information." Since then, however, the number of AIDS cases in New York has more than quadrupled. *Newsday*, April 26, 1987. Moreover, this reassuring line has changed drastically, to the extent that there now appears an attempt to spread hysteria among the non-gay community.

Dr. Whiteside had similar problems. In a letter to James Howell, M.D., director of the Florida Human Resources Services Program, February 4, 1986, he protested the CDC's refusal to modify a plan to survey Belle Glade with a questionnaire which ignored environmental factors; he also protested their refusal to include a test for arboviruses in the blood testing program.

21. Curran, *et al.*, *op. cit.*, n. 5. The paper describes (p. 1355) an ongoing study of 512 health workers in very close contact with the AIDS patients they were caring for. None of them had taken sick. "Serological testing has been completed for 105, 82% of whom had parenteral exposure. None of the 105 participants demonstrated seroconversion. In another study, none of 85 employees with exposure seroconverted, including 32 individuals who encountered needle-stick accidents or other parenteral exposures to blood." Illness in the second group was not mentioned. Mathematical computations are needed to determine that 86 of the 105 tested (82%) of the 512 studied, plus 32 (out of 85) in the second study, a total of 118 out of 118, had parenteral injections (the supposed

this issue. One involved 86 health care workers with "parenteral exposure" (perforations of the skin by needle-sticks or cuts from sharp instruments) to the blood or body fluids of known AIDS patients in their charge. After an eight-month average follow-up, *not a single health worker either became ill*



Public health poster showing that concern about needle-stick transmission had outstripped concern about illegal drug use.

or demonstrated seroconversion—the appearance of antibodies. Another study described a similar experience: Of 32 health workers "who encountered needle-stick accidents or other parenteral exposures to blood of AIDS patients," *none* either became ill or seroconverted.²²

As though to refute the clear import of these two studies of 118 incidents, the CDC report cited at great length another "recent report, [which] describes a nurse in England who developed confirmed HTLV-III/LAV antibodies following a needle-stick injury and exposure to the blood of an AIDS patient." She developed an infectious mononucleosis-like condition, from which she recovered rapidly.

The English case was somewhat unusual for a number of reasons,²³ but, in any event, the importance of the other data

cause of the rapid spread of AIDS among IV drug users) with *no seroconversion*. Twelve and a half lines were given in the CDC report to the 118 needle-stick victims who neither became ill nor seroconverted. Ten lines were devoted just to the peculiarly reported case of the one English nurse who did become mildly ill after needle-stick and then seroconverted. See *infra.*, n. 23.

^{22.} *Ibid.*

^{23.} The report of the English nurse's infection after the needle-stick injury is described in an unsigned December 15, 1984 editorial in *Lancet*. It names neither the doctor nor the hospital where these events occurred. This is unusual, because it prevents interested parties from getting

cannot be overemphasized. Observed inoculation from known cases is by far the most effective method for transmitting *any* type of directly communicated disease. Yet *none* of 119 needle-stick cases developed AIDS, only one became ill at all, and she was the only one to develop antibodies. Direct observation therefore demonstrates that under ordinary circumstances, needle-stick inoculation with AIDS-infected material alone not only does not cause AIDS, but it also produces no infection, and not even seroconversion.

How then do significant segments of the population, up to 10 or 20 percent in general populations here and in Africa, and up to 60 percent in "at risk" populations, develop antibodies? And if the disease is so minimally transmitted by direct needle-stick, why is it spreading so quickly? Why, for example, did the AIDS seropositivity rate rise from 4 percent in 1978 to 68 percent in 1984 among the 6,875 members of a San Francisco hepatitis B study group?²⁴

Sexual Transmission. Gays' patterns of intercourse, and the practice of anal intercourse in particular, have been blamed for the unusual sexual distribution of American AIDS victims: ten to fifteen men for every woman. In Africa, however, both sexes are affected approximately equally.

Moreover, the geographical and class-based distribution of the disease in Africa has been noteworthy. In Zambia, for example, it is "in the urban centers where people are most threatened by AIDS."²⁵ People there "have become very concerned about its spread particularly since a doctor in Kabwe, one of the country's largest towns, recently disclosed that a number of prominent people had died from the disease."²⁶ Indeed, in many parts of Africa, the *New York Times* reported, AIDS was "a predominantly urban phenomenon, mainly striking upper-income groups."²⁷ More recent reports suggest that the disease is now spreading widely in Africa, in every stratum of society,²⁸ but the higher initial incidence of the disease among the economically better off remains particularly

additional information. The AIDS patient was a British woman of unstated age with no history of homosexuality or drug use, who had lived in "central southern Africa." Although she clearly died from pneumocystis pneumonia, a disease now included within the AIDS syndrome, she had been released from hospital a month prior to her final admission after apparently recovering from an earlier bout of pneumonia. Although there was clear evidence of immune deficiency during the final admission, none was apparently seen during the earlier one. Her having been in Africa might be significant, but the clinical picture suggests more strongly that she developed the immune deficiency *between* the two hospitalizations—in England rather than in Africa. Had the report been signed, the situation could have been checked. The nurse suffered "a 'needle-stick' injury to the finger while resheathing a hypodermic needle on a syringe containing fresh blood drawn from an arterial line. This was not an ordinary needle-stick injury, in that a small amount of blood may well have been injected."

^{24.} Lawrence K. Altman, "AIDS Development in Infection; Data Suggest AIDS Rises Yearly After Infection," *New York Times*, March 3, 1987, p. C1.

^{25.} Dave Moyo, "Fighting AIDS in Africa," *AfricaAsia*, May 1987, p. 55.

^{26.} *Ibid.*, p. 54.

^{27.} For example, in Kigali, the capital of Rwanda, where most of that country's cases have occurred, there has been "a preponderance among those in the middle and upper class who earn the equivalent of \$3,000 to \$6,000 each year." Lawrence K. Altman, "AIDS in Africa," *New York Times*, November 8, 1986, pp. A1, A8.

^{28.} See Nancy Krieger, "The Epidemiology of AIDS in Africa," *Science for the People*, January/February 1987, p. 18. "Initially, the demographic profile of African AIDS cases showed little variation by gender, but marked gradations by social class and age.... Subsequently, AIDS has struck almost every strata of society, attacking both rural and urban regions. Presently, in some parts of Africa, nearly 25% of the adult and 10% of the pediatric patients in hospitals test positive for HIV...."

curious.

In underdeveloped societies the poor are generally more vulnerable to epidemics than their wealthier fellow citizens. Their nutritional and sanitational facilities are inferior to those available to the more comfortable and so is their access to medical care. Why then did the upper classes in the afflicted areas of Africa—which encompass so many involved in governmental administration—apparently have so much higher an incidence of the disease?²⁹

Another fact which appears to contradict the current wisdom is the existence of pockets of high disease incidence, reported, for example, in Belle Glade, Florida.³⁰ It seems unlikely that people there, in Kabwe, and elsewhere, have tremendously more promiscuous sex, or immensely more drug addiction, than other areas do. On the other hand, the mere existence of pockets of a disease suggests its possible dissemination from a common source, such as an infected or toxic water or food supply, rather than simply transmission from one victim to another. Common source dissemination from factors in the environment can involve infectious agents, toxic substances, or both. This is an area which also must be investigated.

In fact, such an investigation has been conducted in Belle Glade. Doctors Mark E. Whiteside and Caroline L. MacLeod of the Institute of Tropical Medicine in Miami, Florida, who have studied several high-AIDS areas in Florida, also insist that environmental factors, with common-source dissemination, are centrally involved in AIDS. They point out that in Belle Glade, "nearly all persons with AIDS lived in the central slum section and untreatable sexually-transmitted disease (like herpes) does not confine itself to a single poor neighborhood." They believe that blood-sucking insects, such as mosquitoes, may be responsible for the disease in tropical regions.³¹ Insect-borne viruses (known as arboviruses) are well-known to be the responsible agents in much biological warfare research and usage.³²

Blood Transfusion Transmission. A small percentage of AIDS patients have apparently gotten their disease from infected blood. However, since 1979, when a high incidence of hepatitis was noted among gay men, they have been discouraged from donating blood. Moreover, since 1985, blood for donation has been tested for AIDS antibodies, and donations testing positive have not been used. The blood supply is now said to be safe.³³

Duesberg raises questions about the relationship between AIDS and donated blood. "Most of the AIDS virus positive blood donors identified in transfusion-associated AIDS transmission did not have AIDS when they donated blood and were reported to be in good health 6 years after the donation. Likewise, there is evidence that individuals shown to be antibody-positive since 1972 have not developed AIDS."³⁴ To

MOST PEOPLE WITH AIDS DO NOT HAVE THE "AIDS VIRUS"

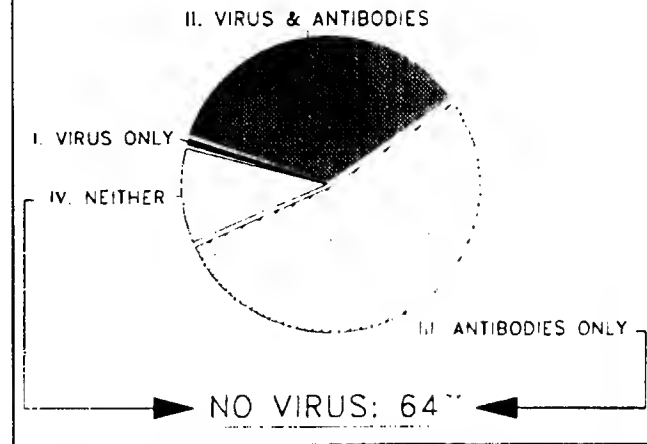


Diagram from the October 27, 1986 *New York Native*, illustrating Dr. Duesberg's point, that a large majority of antibody-positive people do not have AIDS.

him this suggests "that AIDS is not an obligatory consequence of infection," that blood with HIV antibodies does not necessarily cause AIDS.

"Common Source" Transmission. Direct transmission of HIV from one infected individual to another, either by contaminated needles, or by sexual intercourse, or by contaminated blood (in the past, it is said), is commonly believed to be the only way in which AIDS is transmitted. As we have seen, this view contains many internal contradictions.

For example, Mathilde Krim, co-chair of the American Foundation for AIDS Research, has pointed out³⁵ that "if one [gay] person had caught AIDS in Haiti or somewhere and had come back to this country and given it to another person, who gave it to another person, we would have seen...a slow buildup. In 1981, after having identified the first five cases in L.A. and the first nine cases here [in New York City]... suddenly we had several hundred the same year, and then several thousand a year later. Many people must have become infected at the same time." Does this not suggest the possibility of the disease emanating from a common environmental source, whether or not person-to-person spread also existed?

Why HIV Does Not Cause AIDS

The unanswered questions about the dissemination of AIDS raise further questions about what really does cause the disease. Duesberg, whose research on retroviruses was largely responsible for his election to the National Academy of Sciences, shows how these agents rarely cause any disease, and how and why such a retrovirus does not cause AIDS.

Incubation Periods for AIDS and for Viral Diseases.

35. Mathilde Krim, interviewed in *Interview*, February 1987. And see Robert Bazell, "The Plague," *New Republic*, June 1, 1987, pp. 14-15.

29. The argument that the economically advantaged have more AIDS because of easier access to prostitutes and to cities seems unpersuasive. If that were so venereal disease rates in general would be higher among the wealthier, which contradicts general public health experience.

30. See Jan Nordheimer, "Florida Pig Farm Poses AIDS Riddle," *New York Times*, May 2, 1986, p. A7; Stephanie Saul, "A Focus for the AIDS Mystery," *Newsday*, January 26, 1986, p. 7; Whiteside, *op. cit.*, nn. 7, 19.

31. Whiteside, *op. cit.*, n. 19.

32. See Bill Schaap, "U.S. Biological Warfare: The 1981 Cuba Dengue Epidemic," *CAIB*, Number 17 (Summer 1982), p. 28, at pp. 30-31.

33. Sullivan, *op. cit.*, n. 16.

34. Duesberg, *op. cit.*, n. 8, p. 1212.

Questions have been raised about the very long incubation periods described for AIDS. Years may allegedly pass between original infection and subsequent clinical illness. But in other diseases, such as tuberculosis, if an organism exists within a human body without causing disease, some additional stress on the body, such as intercurrent illness or toxic chemicals, is required before it can cause active illness. Yet the Centers for Disease Control, when specifically asked about the possible role of such co-factors, denied their significance.³⁶

Duesberg addresses the allegedly long incubation period of AIDS in a different way. He points out the "incompatibility" between the "long latent period of AIDS" and the "short latent period of virus replication."³⁷ He also points out that "there is evidence that individuals shown to be antibody positive since 1972 have not developed AIDS. Further, 16 mothers of babies with AIDS did not have AIDS at the time of delivery but three of them developed AIDS years later. This indicates that the latent period may be longer than 5 years, or that AIDS is not an obligatory consequence of infection."³⁸

"It may be argued," he continues, "that the virus is biochemically inactive during the first five years of infection and then activated by an unknown cause."³⁹ The activators would be the "co-factors" whose importance is being ignored in most discussions, and emphatically denied by the Centers for Disease Control.⁴⁰

The Meaning of Antibodies. One of the most significant paradoxes in the official reasoning, Duesberg points out, is the degree to which persons *with* antibodies nevertheless develop the disease. The presence of antibodies generally implies immunity to the disease in question. But Duesberg notes that for "a person who belongs to the high risk group for AIDS, antibody against the AIDS virus serves as an indicator of an annual risk for AIDS that averages 0.3% and may reach 5%, but in a person that does not belong to this group, antibody to the virus signals no apparent risk for AIDS."⁴¹ This means that, over a ten-year period, an average of only 3% of antibody-carrying members of "high risk" groups will develop the

disease, although up to 50% may. For persons not in those groups, antibody presence has no relationship to the later development of AIDS.⁴²

Changes in AIDS: The Hidden Statistics. Duesberg, after thorough examination of AIDS statistics, reaches conclusions quite different from those reported in the media. "Based on the five year latent period of the disease, and on the assumption that virus infection is sufficient to cause AIDS, one would expect the number of AIDS cases to increase to one to two million in the United States in the next five years. The virus has reportedly reached its present endemic level of one to two million in the United States since it was introduced there presumably less than 10 years ago."⁴³ These numbers, based on the generally accepted beliefs about the disease, are, of course, far greater than even the wildest newspaper predictions. However, Duesberg also suggests that the statistics indicate a decline in the incidence and virulence of the disease, neither of which the American media have mentioned.⁴⁴

Other Contradictions. Although clearly associated with AIDS, HIV seems by itself unable to cause it, or even seroconversion. The possibility then arises that the virus is a *rider* on the disease's *real* cause, rather than itself being that cause.

The existence of hot spots for the disease suggests that it may be disseminated from common sources as well as, or perhaps sometimes even instead of, direct transmission from one victim to another. While it is a simple explanation that direct transmission has occurred through sexual intercourse or shared use of needles, the virus could be a concomitant of illness caused in other ways, such as by toxic substances or other chemical/environmental factors. If common source is as significant in the spread of AIDS as direct transmission, what might the illness-producing agent be? Many chemicals might fill the bill, such as plutonium, insecticides, therapeutic immuno-suppressants like cyclosporin, and many others, some of which may have been deliberately created in chemical-biological warfare (CBW) laboratories. But none seems to have been looked for. Investigation of these other possibilities is long overdue.

Environment, Genetics, and Disease. A tremendous, albeit unrecognized, thrust apparently exists in medicine to minimize the social and environmental causes of disease. Genetic causes, or processes in which the patient may be partly responsible, seem to be played up instead.⁴⁵ Blaming gay

36. Letter from Donald R. Hopkins, M.D., Assistant Surgeon General, U.S. Public Health Service, Acting Director, Centers for Disease Control, Atlanta, Georgia, to Representative Robert J. Mrazek, November 1, 1985.

37. Duesberg, *op. cit.*, n. 8, p. 1212. "In humans," he notes, "virus infection of a sufficient number of cells to elicit an antibody response appears to take less than 4 to 7 weeks....By contrast, the lag between infection and the appearance of AIDS is estimated from transfusion-associated AIDS to be 2 to 7 years in adults and 1 to 2 years in children from infected mothers. Unexpectedly, most of the AIDS virus-positive blood donors identified in transfusion-associated AIDS transmission did not have AIDS when they donated blood and were reported to be in good health 6 years after the donation."

38. *Ibid.* "In view of the claim that the virus directly kills T-cells [an immunologically important type of white blood cell] and requires 5 years to cause disease, we are faced with two bizarre options: Either 5 year old T-cells die 5 years after infection or the offspring of originally infected T-cells die in their 50th [sic; should be 60th] generation, assuming a generation time of one month for an average T-cell."

39. *Ibid.*, pp. 1212-13.

40. Hopkins, *op. cit.*, n. 36. Even here contradictions abound. Duesberg points out that the "AIDS virus is biochemically inactive even during the acute phase of the disease. Moreover, it would be difficult for the retrovirus to become acute five years after it had induced chronic antiviral activity." Duesberg, *op. cit.*, n. 8, p. 1213. And see Bazell, *op. cit.*, n. 35, which describes the incredible spread of AIDS in some Ugandan towns, now nearly deserted, where "it is unusual to find a home where AIDS has not struck." We must be prepared, he says, "to cope with an epidemic in parts of the Third World greater than any in modern times."

41. Duesberg, *op. cit.*, n. 8, p. 1212.

42. For example, Duesberg cites a study of a totally isolated group of male and female native American Indians in Venezuela which discovered that from 3 to 13% had HIV antibodies, although *none* had symptoms of AIDS. *Ibid.*

43. *Ibid.*, p. 1213.

44. "The spread of AIDS from 1981 to 1986 has not followed the spread of a virus with a latent period of 5 years. Instead, recent statistics indicate no further increases in the number of AIDS cases, and a significant decline in the number of AIDS fatalities in the United States. The number of AIDS cases reported in the United States has increased from about 100 per 6-month period in 1981 to about 5,000 during the last three 6-month periods, from January 1985. At the same time, the case-fatality rate has declined from a high of 88% to 32% in 1986." *Ibid.*, p. 1211.

45. Genetics and molecular biology are major growth areas in medical research. But inborn, genetic causes are being sought increasingly, and presented in the major mass media (especially the *New York Times*) for phenomena which are clearly socially produced. See Lawrence K. Altman, "Inherited Factor May Play a Role in Risk of AIDS," *New York Times*, May 10, 1987, pp. A1, A24. A prime example was the CDC's stigmatization of Haitians as a "risk group" for AIDS, beginning in 1982. The CDC suggested that there might be genetic, rather than environmental, reasons for a high incidence of Haitian AIDS patients. In April 1985, after con-

males' anal intercourse or addicts' use of contaminated needles for AIDS is one example of this process.

The retroviruses themselves may also represent a diversion of attention regarding diseases like leukemia and lymphoma from the environment to molecular biology and virology. Public relations play an immensely important role in American medicine today. The skillful distribution of grants can highlight some issues and eclipse others. Today's intense attention to retroviruses may therefore be impeding proper epidemiological investigation, including the search for possibly toxic causes, of leukemia, lymphoma, and AIDS.⁴⁶

Is AIDS a Product of Genetic Engineering?

If AIDS is not caused by HIV, the so-called AIDS virus, what does cause it? What might be the "as yet unidentified agent, which might not even be a virus," to which Duesberg refers?

Another possible explanation follows. It may seem far out, but awareness of the illegal, murderous actions carried out by various agencies of our government, including the CIA, and more recently, the NSC, and a history of U.S. government involvement in CBW research, should help us to realize that the truth may be stranger than fiction.

Most observers fail even to consider the possibility that AIDS is a product of CBW research, either as an unintended or unexpected by-product of such research, or as a deliberate objective of it. This is by no means so far-fetched an idea as it might seem to one unfamiliar with the history of such research.⁴⁷ And genetically engineered viruses have been discussed in scientific literature for decades.⁴⁸ The most direct accusation has been made by two French scientists now living and working in the German Democratic Republic, Jakob and

siderable community pressure, the designation was unceremoniously dropped. "Haitians Removed From AIDS Risk List," *New York Times*, April 10, 1985.

In *Not In Our Genes: Biology, Ideology, and Human Nature* (New York: Pantheon, 1984), Harvard biology professor Richard C. Lewontin, British neurobiologist Steven Rose, and Princeton psychologist Leon J. Kamin point out that a well-financed campaign exists in this country to promote such pseudo-scientific biological determinism. They even characterize critics like themselves of this new biological determinism as "members of a fire brigade, constantly being called out in the middle of the night to put out the latest conflagration.... Now it is IQ and race, now the biological inferiority of women, now the genetic fixity of human nature."

46. See "The Origin and Spread of AIDS," by Robert Lederer in this issue. Retroviruses are considered able to cause human leukemia and lymphoma, although Duesberg has doubts. A great deal of research is being carried out on these and similar agents as though they were major causes of these diseases and such research could help cure them. Yet the fact that they may cause AIDS does not mean that they do. Similarly with leukemia and lymphoma. When I was a medical student in 1944, leukemia was very rare. When a patient appeared with the disease, we would all gather around the microscope to study the blood smear. But the disease has become quite common since the atom bomb was dropped in 1945. With all the publicity for research, little attention seems directed at its epidemiology. It has become much too easy to write off such possibly toxic illnesses as produced by viruses, thus causing serious public health hazards to be regarded as relatively private phenomena.

47. See, for example, Ken Lawrence, "The History of U.S. Bio-Chemical Killers," *CAIB* Number 17 (Summer 1982), p. 5; Louis Wolf, "The Pentagon's Other Option," *ibid.* And see Robert Harris and Jeremy Paxman, *A Higher Form of Killing: The Secret Story of Chemical and Biological Warfare* (New York: Hill & Wang, 1982). See also, "CBW, Medical Experiments, and Population Control," by Robert Lederer in this issue.

48. See John Cookson and Judith Nottingham, *A Survey of Chemical and Biological Warfare* (New York: Monthly Review Press, 1969), p. 281, and Lederer, *op. cit.*, n. 47.

Lilli Segal.

The Segals' Views

In January 1986, the French-born and trained biologists, Professor Jakob and Dr. Lilli Segal, published a pamphlet, *AIDS: USA-Home Made Evil; Not Imported from Africa*, extensively reprinted in English-speaking Africa.⁴⁹ The two scientists, a biophysicist and a biologist affiliated with the Humboldt University of Berlin, pointed out that examination of the genes making up HIV reveals that the differences between it and other retroviruses ostensibly in the same family "could not have come about by a natural way known to the biologist." They call the virus "a chimera, created only a few years ago," and they suggest Fort Detrick, Maryland, the site of much U.S. government CBW research, as the probable birthplace.⁵⁰

The Segals argue that HIV could not have evolved naturally from other members of the retrovirus family, but was rather assembled in a way which could only have occurred in a laboratory. They analyzed comparisons of HTLV-I with HTLV-III which indicated that the differences were "not of a magnitude to be explained by mutations. It was rather a matter of a complete restructuring, the disappearance of important structural parts and the emergence of new gene groups. A change from the HTLV-I to the HTLV-III could not have come about by a natural way known to the biologist."⁵¹

The Segals also debunk the so-called "green monkey" theory, a theory supported by Dr. Gallo and a number of other researchers. (This theory posits that a simian retrovirus was transformed, or mutated, into the human retrovirus, after African victims were either bitten by the green monkey, or ate green monkey meat.) They explain convincingly that the minimal similarities found between simian T-lymphotropic virus III (STLV-III) found in some green monkeys and HTLV-III "is not surprising since we know that proteins of certain ranges of the virus are similar in all retroviruses."⁵² With virtually no serious testing or examination, the theory that AIDS may have arisen in the green monkey and been then transferred to Africans—the first AIDS patients—was fed to a credulous press which, as the Segals note, "even reported that the two [retroviruses] could hardly be distinguished."⁵³

They examine the epidemiology of the disease, and their views contrast strongly with Dr. Gallo's. Gallo states that the disease was first described in 1981 (although with the benefit of hindsight a number of cases dating to 1978 and 1979 were then recognizable as AIDS) and "is probably the result of a new infection of human beings that began in central Africa, perhaps as recently as the 1950s. From there it probably spread to the Caribbean and then to the U.S. and Europe."⁵⁴

Although the Segals agree with the dates of reported cases, they vigorously deny the suspected earlier origin in Africa. Moreover, they point out that the early cases, in New York, San Francisco, and Chicago, indicate an outbreak at least as early as 1979 in the U.S. And, they stress, cases in western Europe and in Africa were only reported later. They also

49. Jakob and Lilli Segal, *AIDS: USA-Home Made Evil; Not Imported from Africa*, no date, no publication information. The author's copy of this mimeographed, 68-page pamphlet was evidently published in Zambia or Zimbabwe in early 1986.

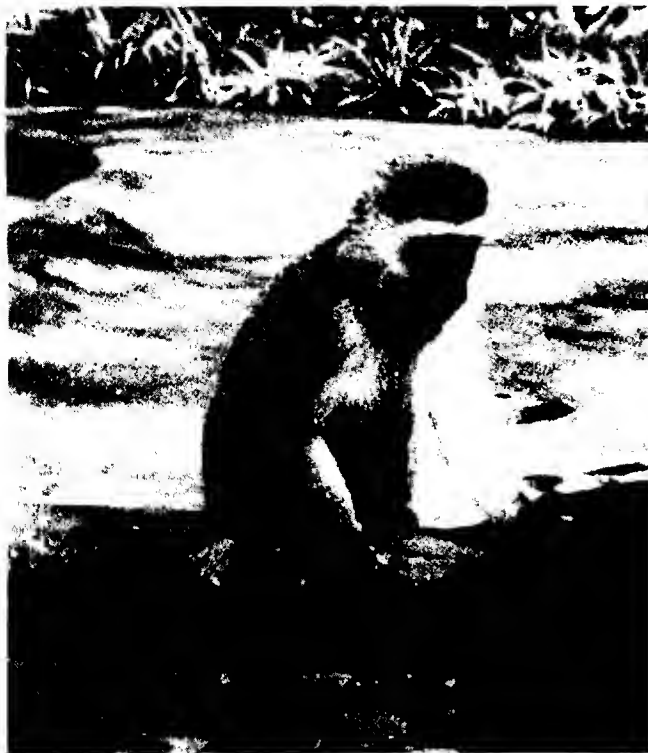
50. *Ibid.*, pp. 7, 11, 13.

51. *Ibid.*, p. 7.

52. *Ibid.*, p. 18.

53. *Ibid.*

54. Gallo, *op. cit.*, n. 2, p. 47.



The african green monkey (*Cercopithecus aethiops*), the animal which Dr. Gallo and others believe may have harbored the ancestor of HIV. Credit: *Scientific American* magazine.

believe that the outbreaks were the result of particular CBW research which had commenced at Fort Detrick in 1977.⁵⁵

The Segals are not the only researchers to have suggested that genetic engineering was involved with AIDS.⁵⁶ John Seale, M.D., a London venereologist, has also stated that the molecular structure of HIV suggests manipulation of other viruses rather than a natural mutation from known retroviruses.⁵⁷ And Robert Strecker, M.D., a Los Angeles internist, has made the same assertion.⁵⁸

The Segals' assertions, as well as that of Dr. Seale, Dr. Strecker, this author, and others, have received considerable attention in the international press, particularly the Soviet press, which has had many articles about the Segals since 1985. But all such assertions have met with a vigorous campaign of denials from the U.S. government, which has labeled the charges "Soviet disinformation,"⁵⁹ and from the U.S. medical research establishment. (See "Media Coverage of AIDS/CBW Charges," in this issue, for a detailed examination of this campaign, itself a major disinformation operation.)

A Better Hypothesis

The Segals believe that the creation of HIV may result from

55. Segals, *op. cit.*, n. 49, pp. 15, 13.

56. These theories are discussed at some length in Lederer, *op. cit.*, n. 46.

57. See *Journal of the Royal Society of Medicine*, August 1986.

58. *Ibid.*

59. The obstacles which this author has faced in asking in the American media why toxic causes were not being investigated were mentioned in note 5, *supra*.

ongoing CBW research, with humans perhaps being used as guinea pigs rather than being deliberately attacked. Strecker believes HIV may be a product of genetic engineering experimentation related to cancer research. Seale has also suggested, tentatively, that the virus may have come from CBW research. And Whiteside insists that environmental causes are important. But none has taken the next step beyond these questions: asking whether AIDS—both the disease and the virus, HIV—were created deliberately.

This hypothesis must first explain how Duesberg's proposition that HIV does not cause AIDS can be integrated with the assertion of the Segals and others that HIV results from genetic experimentation. The association of HIV with AIDS is universally recognized, even if it does not mean that HIV causes AIDS.

AIDS itself may be caused by immuno-suppressant chemicals or toxins, but if HIV, which is so closely associated with it, is indeed synthetic, the naturalness of the disease itself must also be questioned. Might the virus then be a laboratory-created, minimally infective agent intended to be blamed for the *chemical* poisoning it actually *accompanies*? Is the technology of the twentieth century thus being used to implement surreptitious poisonings like those of the sixteenth century Borgias? AIDS, thus viewed, may be less an unexpected byproduct of CBW research than a deliberately intended product.

The selective, and sometimes deliberate, dissemination of immuno-suppressant chemicals along with the so-called AIDS virus, HIV, as a rider, would explain much about the disease patterns which have been reported. It could explain the greatly increased seropositivity rate in the San Francisco group.⁶⁰ It could explain the targeting of addicts, a despised group with no political influence, whose affliction might be seen as demonstrating the "natural" existence of the disease, thus desensitizing people to the possibility of its having been deliberately created. It could explain the targeting of the gay population in the United States, hated and feared by many political conservatives who could then use AIDS, just as communism was used forty years ago, to smear and discredit their opponents. And it could also explain the possible covert targeting of African leaders, suggested by the unusual class distribution of the disease there.

AIDS may therefore have been deliberately created as a natural-seeming method of assassination, a superbly effective intimidating and polarizing political tool. Indeed it could be an almost perfect method of political assassination, an activity in which the Central Intelligence Agency has so long specialized.

Conclusion

Many questions exist about AIDS, but perhaps the most important is whether it has been deliberately created. The information described here, and the history of CBW research,⁶¹ suggest that AIDS may indeed be another example of a deliberately created disease. In any event, it is clear that the epidemiological and public health measures long needed to investigate this question and, particularly, the possible toxic causes of AIDS are *not* being implemented. Without understanding *all* the causes of this disease we will never be able either to prevent it or to treat it properly. ●

60. See Altman, *op. cit.*, n. 24.

61. See *ops. cit.*, nn. 47, 48; especially *CAIB*, Number 17 (Summer 1982).

(continued from page 68)

Of course, in order to defend its support of the *mujahedin* fighting Afghanistan and the *contras* fighting Nicaragua, while at the same time denouncing the Palestine Liberation Organization fighting Israel and the Farabundo Marti Liberation Front fighting El Salvador, the administration had to engage in some fancy semantic trickery. Terrorism was defined in terms of aggressive, indiscriminate acts of violence, but America's friends never attacked, they only retaliated against legitimate targets.

The "Elite" Units, and How They Have Grown

In 1982, the Army set up the 1st Special Operations Command, headquartered at Fort Bragg in Fayetteville, North Carolina, to coordinate its special forces activities, with a separate budget for the development and procurement of special assault weapons. That year, the administration also established the Special Defense Acquisition Fund, to stockpile arms and equipment for quicker transfers around the world.⁴ In 1983, the Air Force created the 23rd Air Force to coordinate its special activities. This unit is known to have at least a dozen MC130 Combat Talon planes, which can fly low at night and drop troops and supplies with pinpoint accuracy. Then, in 1984, the Joint Chiefs of Staff initiated the Joint Special Operations Agency, under Major General Wesley H. Rice, to coordinate all the special military units.⁵

Operating on a parallel track, a very secret organization, the Intelligence Support Activity, had been established in 1980, without the knowledge of Congress. It helped coordinate the first Iran hostage operation, worked closely with elements within the CIA in developing expertise in covert operations, and reportedly coordinated military-CIA cooperation in Central America. The ISA is also credited by the media with the rescue of Brigadier General James Dozier from his Red Brigade kidnappers in Italy in 1982.⁶ In April 1983, the ISA was indiscreetly mentioned during congressional hearings into alleged POW rescue operations in Laos (no prisoners were ever found). An internal military investigation was commenced, and in 1984 the ISA, with by then 250 officers coordinating military intelligence and covert operations, was disbanded.

The Delta Force, on the other hand, though it had been an integral part of ISA operations, survived, grew in size and strength, and developed its shining image.

The First Big Flop

Although it was organized in 1977, the Delta Force did not see action until the night of April 24, 1980, when Charlie Beckwith led an ill-prepared team with faulty equipment on an impossible hostage rescue mission. The mission, personally approved by a frustrated President Carter, was dubbed Operation Eagle Claw. Four Air Force C-130s were to fly a team of more than 100 men to Desert One, where they would transfer to eight Navy helicopters coming in on a different route. The helicopters would refuel and take the commandos to Desert Two, 50 miles from Tehran. From there they would travel by truck into downtown Tehran, where the 53 U.S. Embassy personnel had been held hostage for half a year, raid the

Embassy, free the hostages, and make their exit.

The plan fell apart at Desert One. One of the helicopters never made it; two which did clogged with desert sand. One crashed into a C-130. Without enough helicopters to transport the full team, Beckwith decided to beat a hasty retreat. He left eight men dead (killed in the crash) and three helicopters filled with classified documents which fell into Iranian hands and compromised the cover of a number of CIA agents—many of whom had recently arrived in Tehran to arrange for the trucks.

One of the men waiting at Desert Two until word of the fiasco was transmitted was Oliver North.⁷ Soon after his return to Washington, he reportedly began work on a second rescue plan, Operation Honey Bear, with Major General Richard Secord, who had previously served as U.S. military liaison in Tehran. But by the time the plan was fully drafted, Reagan was President and the hostages were home. Six years later, Secord, now retired, was to be deeply involved in the Iran/*contra* scandal, master of Swiss bank accounts, arms dealer extraordinary.

North's role in Desert One has never been forgotten by the Iranians, even as they negotiated for U.S. arms in 1985 and 1986. Last November, in a speech discussing the clandestine visit of former National Security Adviser Robert McFarlane to Tehran the previous May, Speaker of the Parliament Hashemi Rafsanjani noted that the man who "designed and conducted" the ill-fated raid accompanied McFarlane.⁸ Of course, Rafsanjani's evident displeasure did not prevent the Iranians from accepting 20 planeloads of weapons in the wake of McFarlane's visit.

Was Carter Sandbagged?

A number of commentators have concluded, with considerable evidence, that Beckwith's mission was doomed before it began.⁹ That conclusion has led to the intriguing notion that the rescue operation was deliberately intended to damage Jimmy Carter's already plummeting popularity, with an eye to the upcoming elections. Some support for this hypothesis comes from the belief that the coordinator at the time of overall ISA operations (of which Delta Force was a part) was General John Vessey, Jr., who had been one of the two high-ranking public critics of Carter's 1979 plan to withdraw some U.S. troops from South Korea. The other, Vessey's colleague, Major General John K. Singlaub, was fired by Carter and went on to prominence as the head of the extreme rightwing World Anti-Communist League, and a major conduit for funding the *contras* with private and hidden government money. Vessey remained in the military, and was later appointed by President Reagan to the post of Chairman of the Joint Chiefs of Staff.

A Parade of Failures

The calamity at Desert One was the first of a string of botched missions Delta Force can claim. It next saw action in the U.S. invasion of Grenada in October 1983, although the fact of its participation was not reported for almost a year, and the Pentagon continues to refuse comment. In October 1984 two former Army intelligence officers, Richard A. Gabriel and

4. *Washington Post*, June 10, 1984.

5. *New York Times*, June 6, 8, 1984; *Washington Post*, June 10, 1984.

6. Some European observers actually believe that the Dozier kidnapping, and his rescue, were both staged.

7. See the excellent article by Mark Perry, "The ISA Behind the NSC," *The Nation*, January 17, 1987.

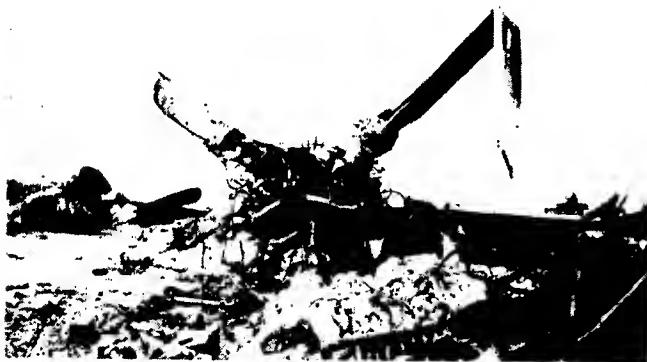
8. Associated Press, November 29, 1986.

9. See especially, Phillip Keisling, "Desert One: The Wrong Man and the Wrong Plan," *Washington Monthly*, December 1983, p. 51; and cf., Murray Kempton, "The Good Soldier," *New York Review of Books*, December 22, 1983.

Paul L. Savage, published a book, *Military Incompetence: Why the U.S. Military Doesn't Win*, which reported that a Delta Force unit had spearheaded the invasion, about an hour before the Rangers parachuted onto the Point Salines airport runway.¹⁰

According to the two authors, the Delta Force landing was a disaster, with one helicopter crashing and 22 of the 35 men involved in the raid killed or wounded. Their mission—to clear the runway, which was littered with construction machinery, for the Rangers—was unfulfilled and the Rangers had to land by parachute. According to a number of analysts, this failure would have seriously jeopardized the entire invasion, had not the Americans vastly outnumbered the defending forces. Although Defense Secretary Caspar Weinberger vigorously denied that any casualties had been concealed, or that there had been any advance Delta Force landing, CBS-TV obtained and aired films taken during the invasion by an island resident which showed the crash of a Hughes Defender helicopter, surrounded by others of that make.¹¹ This helicopter, known since the Vietnam War as a Huey, is used regularly by the Delta Force, but was not listed by the Pentagon in the inventory of equipment it said was used in the invasion.

Stanley Lucas, the father of Captain Steve Lucas, killed in the invasion, told UPI after the publicity surrounding the release of the Gabriel-Savage book that his son was a Huey pilot whose job was to ferry Delta Force personnel. Mr. Lucas was not informed of his son's death until four days after the event, part, he said, of a coverup.¹² Finally, it was reported that Gen. Vessey admitted in a letter to a member of the House



Wreckage of U.S. helicopters at Desert One. Credit: UPI.

Armed Services Committee that at least one secret operation on Grenada had failed.¹³ There is competition for the honor, however. It was reported that the Navy SEAL commandos also failed in their pre-invasion raid designed to knock Radio Free Grenada off the air, first because one of their landing vessels sank, and then because they attacked the wrong building.

10. And see, *Facts on File*, October 26, 1984.

11. Associated Press, October 22, 1984.

12. United Press International, October 21, 22, 23, 1984.

13. *Ibid.*, October 22, 1984.

Where the Action Isn't

The next reported deployment of the Delta Force was to Los Angeles in the Summer of 1984, to guard against terrorism at the Olympic Games. Since nothing happened, a charitable historian might chalk this up as a Delta Force victory.¹⁴ (They played a similar role at the July 4, 1986 Statue of Liberty celebrations, with equal success.¹⁵)

In 1985, Delta Force teams were activated four times but never got to do their thing. On June 14, gunmen hijacked TWA flight 847, bound from Athens for Rome and diverted it to Beirut, the beginning of a tense, 17-day ordeal. On the second day a Delta Force unit was sent to the Middle East, but the same day the hijackers released a letter signed by 29 of the hostages urging President Reagan to refrain from "any direct military action on our behalf." The Delta Force was never used, and, after 15 days of negotiations, mostly with Shi'ite Amal leader Nabih Berri, all but one of the 145 passengers and eight crew members had been released; one American had been killed by the hijackers the second day of the takeover.

The incident involved an example of diplomatic linguistic gymnastics reminiscent of President Reagan's televised assertion that the U.S. was not selling arms to Iran in exchange for the release of hostages. When the hijackers demanded freedom for a number of Shi'ite prisoners in jail in Israel, and Israel—after some prodding from the U.S.—said they would do so, Secretary of State George Shultz announced he would be "glad" if the Israeli release led to the release of the U.S. hostages, but, he insisted, there was no linkage.¹⁶

In September 1985, as McFarlane and North were shipping vast quantities of weapons to Iran, they were persuaded by the Israelis, who were doing most of the shipping, that Iranian gratitude was sure to lead to the release of several, if not all, of the six Americans held at the time by kidnappers in Lebanon. As one of them was William Buckley, described as a political attaché from the U.S. Embassy in Lebanon but in fact the CIA's Beirut Chief of Station, CIA Director William Casey was pushing desperately for his release. In any event, according to the *Washington Post*,¹⁷ officials were so sure of a hostage release that a Delta Force unit was aboard an aircraft carrier moved to the Lebanese coast "in case a rescue mission had to be staged." However, only one hostage, Rev. Benjamin Weir, was released. He was hustled onto the carrier, and taken secretly to Norfolk, Virginia. Weir informed officials of his belief, later proved to be true, that Buckley was already dead,¹⁸ but his release was not announced for four days as the administration waited expectantly for the others to be set free. This never happened, the Israelis were suitably embarrassed, and the Iranians said that some more arms would surely secure the release of the others. This Delta Force "rescue" had involved nothing more than accepting delivery of one hostage from his kidnappers.

The next month, October 1985, the Delta Force was mired in another hostage crisis, but this time their role was not so benign. They severely damaged relations between the United

14. Associated Press, June 28, 1986.

15. *Ibid.*

16. *Ibid.*, June 30, 1985.

17. Walter Pincus, "Secret Message Added Pressure to Free Hostage," *Washington Post*, December 14, 1986.

18. In fact, Buckley had apparently been taken to Tehran, tortured, and killed there, after considerable information had been extracted. According to Albert Hakim's testimony before Congress, Oliver North asked Iran in October 1986 to return his body and a copy of his "debrief." Reuters, June 4, 1987.

States and Italy and led to the collapse of the government of Prime Minister Bettino Craxi.

This time, the hijackers of the cruise ship *Achille Lauro* were on board an Egyptian airliner bound from Cairo to Tunis, when U.S. fighter planes forced it to land at a joint U.S.-Italian NATO base on Sicily. Delta Force troops then landed and began what developed into a 22-hour standoff with Italian officials over who would take custody of the wanted passengers. Italian soldiers and police who surrounded the plane were in turn surrounded by Delta Force commandos and both sides argued the fine points of jurisdiction. The U.S. commandos were in radio contact with Washington and under orders to "pick up the terrorists," but an Italian officer finally convinced them that his men were not going to relinquish sovereignty without a battle, and the Delta Force backed off. Italy commenced criminal proceedings against the hijackers despite a heated exchange between Reagan and Craxi in which both leaders demanded the right of first prosecution. A few days later, Craxi's government fell, embroiled in a bitter fight over being browbeaten by the Americans on the one hand, and letting one of the passengers, PLO official Mohammed Abbas, leave the country on the other.¹⁹

In November, the Delta Force was allowed the luxury of watching somebody else blow it. An Egyptian airliner, this time heading from Athens to Cairo, was hijacked and diverted to Malta. An Egyptian military transport plane manned with its version of an anti-terrorist team, the Saaka Force, flew to Luqa Airport on Malta with orders to storm the plane if necessary. Three U.S. officers were on board the plane, having offered to assist the Egyptians. Navy jet fighters in the Mediterranean were put on alert to provide air cover for the Egyptian transport, and a Delta Force unit prepared to head for Sicily, just a few minutes by air from Luqa. But on Malta, local officials were angered by the presence of the three Americans and ordered two of them to go to the U.S. Embassy. The third, Major General Robert Dudley Wiegand, chief of the U.S. office of military cooperation in Cairo, who had brought civilian clothes, was allowed to change and remain at the airport. Maltese authorities then prevented the Delta Force unit from landing.²⁰

The Egyptians went it alone, and in a bloody assault on the plane, managed to kill 57 of the 98 passengers and crew.

Corruption or Laundry Operation?

In late 1985, the Delta Force was also in the news for another reason, this time having nothing to do with hostage rescues. After a two-year Justice Department investigation, a Delta Force officer, Lieutenant Colonel Dale Duncan, was indicted on seven counts of misusing more than \$130,000 in government funds; other officers faced courts-martial; and a small group of Delta Force troops were suspected of the diversion of more than \$500,000 through double billing. The federal allegations suggested that the money was misappropriated for personal use, but facts developed in the course of the investigation which pointed to other possible scenarios.²¹

As anti-terrorist operations have increased during the Reagan administration, so it seems have related "special operations." The investigation which led to the Duncan indictment also discovered that units like the Delta Force have

been used to launder money for covert operations. At one point, the court documents disclosed, the Army ran a front company in Annandale, Virginia to provide security support for secret operations. Duncan had helped run the company, Business Security International, which was disbanded in 1983. Duncan filed suit before his indictment, claiming he had been wrongfully accused and that the firm, code-named "Yellow Fruit," supported "classified, sensitive special operations units."²²

In February 1986 Duncan was convicted of a minor theft charge and two counts of filing false claims. However, the prosecutor admitted that Business Security International had been an Army organization "to prevent hostile foreign elements from discovering what a group of small Army units were doing." Duncan was acquitted of charges relating to over \$130,000 the Justice Department found missing from the firm's funds. The investigations, which resulted in disciplinary actions against more than 80 members of the Delta Force, demonstrated, in the words of a four-star general quoted by the *Washington Post*, that the special units "got carried away" and failed to account properly for money used in clandestine missions.²³

In April 1987 it was disclosed that Yellow Fruit had established a Swiss bank account through which some \$2.5 million has passed, some going to buy equipment for the Nicaraguan *contras*. The source of the funds was not disclosed. Although Business Security International had closed down in December 1983, the account was still active, and both Richard Secord and Oliver North had access to it.²⁴ The matter was referred to the Special Prosecutor, and it has not been mentioned since in the press.

Around the same time the Swiss account was revealed, it was also disclosed that Delta Force personnel had assisted a "private" Texas company, Peregrine International Associates, in an aborted 1982 plot to assassinate the Ayatollah Ruhollah Khomeini. Executives of the company, claiming that the U.S. government owed it more than \$1 million for services rendered, went public with nearly incredible details of a long-standing operation to provide cover support for covert U.S. operations.²⁵

Karachi: Too Late Again

In September 1986 a Pan Am jet arriving at Karachi, Pakistan from Bombay, India was boarded by terrorists posing as airport security personnel. Fort Bragg was alerted again and the Delta Force was dispatched to Karachi. But before they arrived, the plane's generator died, the hijackers panicked and began to shoot passengers, and the Pakistani commandos stormed the plane. Twenty-one passengers were dead. As *Facts on File* succinctly put it: "Delta Force Too Late Again."²⁶

This last in a chain of failures and no-shows has led not, as one might have expected, to any serious questioning of the value of such a unit, but to calls for world-wide deployment of the Delta Force and for a general beefing up of military anti-terrorist forces.

22. *Washington Post*, November 29, 1985; and see, United Press International, November 20, 1985.

23. *Washington Post*, November 29, 1985, February 13, 1986.

24. *New York Times*, April 22, 1987.

25. *Philadelphia Inquirer*, April 26, 1987, p. 1-A.

26. *Facts on File*, September 12, 1986; Associated Press, September 8, 1986.

19. United Press International, October 11, 12, 17, 28, 1985.

20. *Ibid.*, October 17, 28, 1985; Associated Press, December 5, 1985.

21. Associated Press, November 29, 1985; *Time*, December 2, 1985, p. 41.

Plans for the Future

For the last two years the Reagan administration has been calling loudly for the expansion of its special operations forces. In the case of the Delta Force, the greatest perceived defect is being stuck in North Carolina, where cases of inter-



Colonel Charlie A. Beckwith. Credit: World Wide Photos.

national terrorism are rather infrequent. In fact, in June 1985, former President Richard Nixon called for the transfer of Delta Force headquarters to Western Europe or the Middle East, "because that's where the action is."²⁷ The September 1986 Karachi airport fiasco gave further impetus to the calls for some overseas pre-positioning of Delta Force troops. Unconfirmed reports indicated that the Defense Department had asked British Prime Minister Margaret Thatcher for permission to base a Delta Force unit at the London headquarters of the Special Air Service, Britain's elite undercover outfit.²⁸ In addition, Israel offered to stage joint training exercises with America's anti-terrorist units, although the Pentagon has never publicly asked for any such joint operations.²⁹

In May 1986, Senators William Cohen (Rep.-Me.) and Sam Nunn (Dem.-Ga.) proposed legislation to put all special forces units under a unified, well-financed command. As Noel Koch, Secretary Weinberger's top aide for special operations, said at the time, "We've got military bands that are in a higher state of readiness than some of our special operations units."³⁰

What Does It All Mean

It remains to be seen whether the Congress will pump more funds into the Delta Force, or any other of the elite special operations outfits. Revelations of illegal, often harebrained schemes, many involving the military as well as the CIA, continue to pour forth from the ongoing hearings, but whenever sensitive operations, including Delta Force, are mentioned, the subject is quickly changed by the less than intrepid interrogators. It seems unlikely that the dismal record of the anti-terrorist forces will be put under the congressional microscope. As our review of the past six years indicates, these units have been much more successful laundering funds for covert operations and helping *contras* than they have ever been in rescuing hostages or countering terrorism. Whether, in the world of political reality, that means less money or more money, only time will tell.

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27. United Press International, June 26, 1985; and see, *Newsweek*, December 16, 1985.

28. Associated Press, September 14, 1986.

29. United Press International, July 10, 1986.

30. *Ibid.*, May 15, 1986.

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CovertAction 67

DELTAGATE?

By Ellen Ray and William Schaap

One of the main reasons soft-spoken Jimmy Carter lost his 1980 bid for reelection was his disastrous attempt to get tough with Iran—the Desert One hostage “rescue” fiasco. Ironically, tough-talking Ronald Reagan is currently embroiled in the Iran/*contra* scandal as a result of his equally bungled effort to sell Iran weapons in return for the release of hostages.

Marine Lieutenant Colonel Oliver North was involved in both escapades, and one organization, the Delta Force, has played a key role throughout the entire period. But while Oliver North's every move, every decision, and every memo is scrutinized by the world's press and a raft of congressional committees, no one is looking very closely at the Delta Force. Despite an unmitigated record of failures, the Delta Force enjoys a totally undeserved reputation as the heroic front line of America's escalating war against world terrorism. A best-selling (if less than accurate) book and a gung-ho Chuck Norris movie (equally fictitious) haven't hurt.

What Is the Delta Force?

As recently as early 1986, the Pentagon refused to acknowledge publicly the very existence of the Delta Force,¹ despite the fact that its founder and first commanding officer, Colonel Charlie A. Beckwith, had published his autobiography, *Delta Force*, in 1983. Statistics about personnel, budget, and capabilities are still hard to come by, but events of the last two years have thrust the Delta Force into the news. Careful investigation reveals many details about the supersecret unit and its place in the grand strategy of anti-terrorism, a strategy which had become an obsession of the Reagan administra-

tion—at least until the Iran/*contra* revelations exposed its hypocritical facade.

The Delta Force was organized in 1977 to provide a unit more specialized than the Army's Special Forces (Green Berets) and the Navy's SEAL commandos. It was not intended for counter-insurgency operations, such as the Vietnam War, but for counter-terrorist, commando raids. Its motto is “Speed, Surprise, Success,” and its men are trained to use some rather exotic weapons, such as “flash-bang” devices to temporarily stun and blind terrorists. They are issued sub-machineguns with silencers and night scopes, learn how to pick locks and blow doors with plastique, and fly in black helicopters with infrared sensors for night flights. Delta Force has about 100 “operators,” selected from throughout the military, the cream of the crop.² However, as we shall see, they have had few chances to use their unique arsenal, and on the rare occasions Delta Force teams saw combat, they have been singularly unsuccessful.

Ironically, it was the failure of the Delta Force in Iran in 1980 which led to the creation of a confusing jumble of units, commands, and agencies all struggling, sometimes at cross purposes, in the Reagan administration's “war against terrorism.” Reagan's strategists believed from the outset that this war should be carried out by beefed-up, elite, secret commando units, extending the military's concept of special forces from counter-insurgency to counter-terrorism. The Delta Force became a part of that structure.³

(continued on page 63)

1. *U.S. News & World Report*, January 6, 1986, pp. 60-61; *Time*, December 2, 1985, p. 41.

2. *U.S. News & World Report*, January 6, 1986, pp. 60-61.

3. Associated Press, September 19, 1985.

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